



## City of Miami Gardens

Development Services  
18605 NW 27th Avenue, City Hall, 1st Floor  
Miami Gardens, FL 33056  
305-622-8027 (Office) 305-626-4220 (Fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

*Executive Order 20-52, issued March 9, 2020, qualifies as a “natural emergency” pursuant to Florida law, which allows for the tolling of certain permits for the duration of the emergency declaration and for up to six months in addition to the tolled period (see s. 252.363, F.S.).*

For the safety of our customers and staff, beginning Wednesday March 25, 2020, the Development Services lobby will be **closed to the public**. We will still be providing full services in the following modified manner:

### **BUILDING DEPARTMENT SUBMISSIONS: LARGE PLANS**

A drop-off area will be designated in the vestibule of the West Entrance. All submittals must be accompanied by a Transmittal Sheet. Please allow one (1) business day to receive email receipt of submittal. All payments must be done online. For Pickups please call 305-622-8027. Consultations are available by phone or email. No in-person meetings will take place. **Questions?** Please contact 305-622-8027

### **IMPORTANT!!!**

**All information must be completely filled out and printed legibly**

### **BUILDING DEPARTMENT SUBMISSIONS: SINGLE REVIEW DISCIPLINES**

We are presently accepting permit applications for single review disciplines via email:

1. Building Windows/Doors;
2. Electrical Meter Panel Service;
3. Electrical Safety Check;
4. Mechanical A/C Change Out;
5. Plumbing Backflows;
6. Plumbing Gas Vents;
7. Plumbing Water Heater;
8. Plumbing Water Service Repair;
9. Roofing Commercial;
10. Roofing Residential;

#### ***SUB PERMITS:***

***YOU MUST SUPPLY THE MASTER BUILDING PERMIT NUMBER***

11. Sub General Electrical Permit;
12. Sub General Mechanical Permit; and
13. Sub General Plumbing Permit;  
(Permits that do not require additional plan review)

Please send your application to [cmgonlinepermit@miamigardens-fl.gov](mailto:cmgonlinepermit@miamigardens-fl.gov) with ALL attachments.

If you have additional questions about your permit, please contact a member of our permitting staff:

Kimberly Otis (305) 622-8000 ext. 2662 [kotis@miamigardens-fl.gov](mailto:kotis@miamigardens-fl.gov) Sr. Permit Clerk  
Chris Sanchez (305) 622-8000 ext. 2651 [csanchez@miamigardens-fl.gov](mailto:csanchez@miamigardens-fl.gov) Sr. Permit Clerk  
Soykia Smith (305) 622-8000 ext. 2643 [ssmith@miamigardens-fl.gov](mailto:ssmith@miamigardens-fl.gov) Permit Clerk  
Teneil Lewin (305) 622-8000 ext. 2656 [tlewin@miamigardens-fl.gov](mailto:tlewin@miamigardens-fl.gov)  
Evelyn Sanchez (305) 622-8000 ext. 2640 [esanchez@miamigardens-fl.gov](mailto:esanchez@miamigardens-fl.gov)  
Destiny Jones (305)-622-8000 ext. 2658 [djones@miamigardens-fl.gov](mailto:djones@miamigardens-fl.gov) Permit Clerk  
Nikki Tonge (305)-622-8000 ext. 2627 [ntonge@miamigardens-fl.gov](mailto:ntonge@miamigardens-fl.gov) Permit Clerk  
Cheryl-Ann Grandison (305)-622-8000 ext. 2642 [cgrandison@miamigardens-fl.gov](mailto:cgrandison@miamigardens-fl.gov) Permit Clerk

## **PLANNING AND ZONING SUBMISSIONS**

All submittals must be sent digitally to the appropriate planning staff. Where necessary, drop-off and pick up of plans will be by appointment only. All payments must be done online.

All services will be provided via telephone and email only.

For General Information, Zoning Inquiries or Zoning Verification Letters please contact Gwen McDuffie Zoning Administrator at [gmcduffie@miamigardens-fl.gov](mailto:gmcduffie@miamigardens-fl.gov) or 305-622-8000 ext. 2672.

**Permit Review Questions:** Andy Joseph, Associate Planner [ajoseph@miamigardens-fl.gov](mailto:ajoseph@miamigardens-fl.gov) or Malcolm Moyse, Associate Planner [mmoyse@miamigardens-fl.gov](mailto:mmoyse@miamigardens-fl.gov)

**Zoning Inspections:** Armando Gallardo, Zoning Inspector [agallardo@miamigardens-fl.gov](mailto:agallardo@miamigardens-fl.gov)

**Site Plans/Special Action Requests:** Alexandra Matos [amatos@miamigardens-fl.gov](mailto:amatos@miamigardens-fl.gov)

**Public Hearings/Re-zonings:** Nakeischea Smith [nsmith@miamigardens-fl.gov](mailto:nsmith@miamigardens-fl.gov)

## **CODE ENFORCEMENT INQUIRIES**

We are currently servicing ALL customers via telephone and email only. All payments must be mailed in as normal.

For assistance contact us at 305-622-8000 ext. 2623 or 2611 or via email at [jwillis@miamigardens-fl.gov](mailto:jwillis@miamigardens-fl.gov), [yrolle@miamigardens-fl.gov](mailto:yrolle@miamigardens-fl.gov), or [jbispott@miamigardens-fl.gov](mailto:jbispott@miamigardens-fl.gov) For Business License inquiries contact [jsoto@miamigardens-fl.gov](mailto:jsoto@miamigardens-fl.gov)



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DEV. SRVC. DEPT. - BLDG. DIV.  
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<b><u>IN OFFICE USE ONLY</u></b>	
Date:	_____
Clerk:	_____
Permit #:	_____
CUST #	_____

**PERMIT APPLICATION SUBMITAL/RESUBMITTAL**

CUSTOMER NAME:	
ADDRESS:	
TELEPHONE #:	
EMAIL ADDRESS: (REQUIRED)	

**AUTHORIZED FOR PICK-UP**

CUSTOMER NAME:	
ADDRESS:	
TELEPHONE #:	
EMAIL ADDRESS: (REQUIRED)	
DESCRIPTION:	
# OF DOCUMENTS ATTACHED	

**FOR YOUR RECORDS**

DATE: \_\_\_\_\_

CLERK: \_\_\_\_\_

TIME: \_\_\_\_\_

WINDOW #: \_\_\_\_\_



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## PERMIT APPLICATION

FOR OFFICE USE ONLY

Process No.: \_\_\_\_\_

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

Clerk: \_\_\_\_\_

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

Applied for under: **FLORIDA BUILDING CODE**

### Location of Improvements: (USE BLACK OR BLUE INK ONLY)

Job Site Address: \_\_\_\_\_ Master Permit No.: \_\_\_\_\_

Building No.: \_\_\_\_\_ Suite No.: \_\_\_\_\_ Tax Folio No.: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_ PB Page: \_\_\_\_\_

Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

### Property Owner Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

### Lessee Information/Owner's Agent:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

### Contractor Information:

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

Name: \_\_\_\_\_ Qualifier's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

### Information of Authorized Person to Pick up Permit:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

### Type of Improvement (Detailed Scope of work):

Zoning: \_\_\_\_\_ Construction Cost: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Square Feet: \_\_\_\_\_ Lineal Feet: \_\_\_\_\_ Group Occupancy: \_\_\_\_\_

No. of Units: \_\_\_\_\_ No. of Floors: \_\_\_\_\_ Gallons: \_\_\_\_\_ Building Height: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="radio"/> RESIDENTIAL (R)   | <input type="radio"/> COMMERCIAL (C)    | <input type="radio"/> MULTI-FAMILY (M)                        |
| <input type="radio"/> Building Permit   | <input type="radio"/> Electrical Permit | <input type="radio"/> Mechanical Permit                       |
| <input type="radio"/> Awning Canopies   | <input type="radio"/> Parking Lots      | <input type="radio"/> Signs                                   |
| <input type="radio"/> Commercial        | <input type="radio"/> Swimming Pools    | <input type="radio"/> Slabs                                   |
| <input type="radio"/> Demolition        | <input type="radio"/> Residential       | <input type="radio"/> Temp Work                               |
| <input type="radio"/> Fence             | <input type="radio"/> Roof              | <input type="radio"/> Temp Trailers                           |
| <input type="radio"/> Gutters           | <input type="radio"/> Sheds             | <input type="radio"/> Windows Doors                           |
| <input type="radio"/> Feeders           | <input type="radio"/> Boiler Install    | <input type="radio"/> Fire Sprinklers                         |
| <input type="radio"/> Electric Services | <input type="radio"/> Fire Sprinklers   | <input type="radio"/> Settling Tanks                          |
| <input type="radio"/> Electric System   | <input type="radio"/> Settling Tanks    | <input type="radio"/> Water Treatment Plants                  |
| <input type="radio"/> A/C & Refrig.     | <input type="radio"/> Other: _____      | <input type="radio"/> Change of Contractor/Architect/Engineer |
|   |   | <input type="radio"/> Change of Qualifier                     |
|   |   | <input type="radio"/> Re-Certification of Plans               |
|   |   | <input type="radio"/> Revision of Plans                       |
|   |   | <input type="radio"/> Permit Renewal                          |

### Architect Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Engineer Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Flood Criteria

Flood Zone \_\_\_\_\_ B.F.E. \_\_\_\_\_ Map # \_\_\_\_\_ Date: \_\_\_\_\_

Property Market Value	Construction Job Value	Improvement Ratio	Square Footage	Bottom of Lowest Structural Horizontal Member Elevation

**ALL FIELDS MUST BE FILLED IN OR APPLICATION WILL BE DENIED PROCESS**

**ATTENTION ♦ IMPORTANT NOTICE - PLEASE READ CAREFULLY ♦ ATTENTION**

**A NOTICE OF COMMENCEMENT MUST BE RECORDED WHEN JOB VALUE EXCEEDS \$ 2,500.00. PERMIT CARD, PLANS AND THE RECORDED NOTICE OF COMMENCEMENT MUST BE VISIBLY POSTED, IN GOOD CONDITION AND ACCESSIBLE AT ALL TIMES ON THE JOBSITE.**

**Work may begin only after receiving a validated permit and permit card. Application submission alone does not grant the right to begin construction**

**Owner Agents must have an affidavit on file or one must be submitted with the permit application.**

**Qualifier's Affidavit:** Application is hereby made to obtain a permit to do work and installation as indicated on the form. 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 ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL WINDOW, FENCE, DRIVEWAY, ROOFING AND SIGN(S) WORK; and that additional permits may be required by other government agencies.

**Lessee's Affidavit:** Lessee certified that he/she has full consent and authorization from the owner of subject property to perform the work mentioned and to hire captioned contractor.

**Owner's Affidavit:** I certified that the forgoing information is correct. Owner certifies that the aforementioned contractor has the authorization to perform the work as specified.

**Owner Builder's Hold Harmless: (ONLY VALID FOR OWNER-BUILDER PERMITS)**

- \_\_\_\_\_ I am personally responsible for knowledge of all applicable laws and regulations.
- \_\_\_\_\_ I will personally reside in the house after completion and have issuance of a Certificate of Occupancy.
- \_\_\_\_\_ Neither I, nor any member of my immediate household family, have made an application for, or have been issued either an Owner-Builder permit or Certification of Occupancy based on an Owner-Builder permit for a single family residence within the past three (3) years.
- \_\_\_\_\_ I will be on the premises either supervising or performing the action work at all times. I will submit an accepted form of identification upon request by the Building Department's agent.
- \_\_\_\_\_ I understand that if an inspection is not approved after three (3) attempts, the Inspector may place a Stop Work Order on the job; and require that a licensed contractor complete the work.
- \_\_\_\_\_ I understand that any person whom I may wish to hire to aid me in the construction of my home, except common laborers, must hold a valid Dade County Certificate of Competency or be a State Certified contractor. All employees hired by me shall be covered by Workers Compensation Insurance. (Typically home-owner's insurance does not provide this coverage; please check with you insurance carrier.)
- \_\_\_\_\_ I understand all the requirements and responsibilities involved in obtaining an owner-builder permit.

I, have read and understood the forgoing disclosure, and am aware of my responsibilities and liabilities under my application for a building construction work on the described property. I further understand that failure to comply with all the required regulations may cause the revocation and/or denial of the permit and/or certificate of occupancy.

**Notarized Signature of Property Owner/Agent**

\_\_\_\_\_  
Signature of Property Owner/Agent  
State of Florida, County of Miami -Dade  
Sworn and subscribed to me this:  
\_\_\_\_\_  
**Month Day Year**  
Personally Known or Identification:  
\_\_\_\_\_  
**(Type of ID and expiration date)**

\_\_\_\_\_  
Printed Name of Property Owner/Agent  
  
\_\_\_\_\_  
Signature of Notary Public  
  
Notary Public Stamp:

**Notarized Signature of Lessee**

\_\_\_\_\_  
Signature of Property Lessee  
State of Florida, County of Miami -Dade  
Sworn and subscribed to me this:  
\_\_\_\_\_  
**Month Day Year**  
Personally Known or Identification:  
\_\_\_\_\_  
**(Type of ID and expiration date)**

\_\_\_\_\_  
Printed Name of Property Lessee  
  
\_\_\_\_\_  
Signature of Notary Public  
  
Notary Public Stamp:

**Notarized Signature of Qualifier/Owner-Builder**

\_\_\_\_\_  
Signature of Property Qualifier  
State of Florida, County of Miami -Dade  
Sworn and subscribed to me this:  
\_\_\_\_\_  
**Month Day Year**  
Personally Known or Identification:  
\_\_\_\_\_  
**(Type of ID and expiration date)**

\_\_\_\_\_  
Printed Name of Property Qualifier  
  
\_\_\_\_\_  
Signature of Notary Public  
  
Notary Public Stamp:

		Building				Mechanical
		Flood Plain Mgr				Electrical
		Public Works				Structural
		Plumbing				Zoning
Date	Signature	Approvals		Date	Signature	Approvals

**For Office Use Only**

**ALL FIELDS MUST BE FILLED IN OR APPLICATION WILL BE DENIED PROCESS**



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## OWNER-BUILDER DISCLOSURE STATEMENT

The laws governing the State of Florida provide that a sole qualified owner may make application for a permit, provided the work under said permit is exclusively for the owner's occupancy and use. No more than one permit will be issued, to an owner-builder in a twelve (12) month period for a new Single Family Residence. The law requires that we provide you with the following disclosure statement:

*State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law (FRS. 489.103.) The exemption allows you, as the owner, of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build, or improve a one-family or two-family residence. You may also build or improve a commercial building at a cost of \$75,000.00 or less.*

*The building must be for your own use and occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one (1) year after the construction is completed, the law will presume that you have built it for sale or lease, which is a violation of the exemption. You may not hire an unlicensed person to act as your contractor or subcontractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have the licenses required, by state law and by county and municipal ordinance. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed, must work under your supervision and must be employed by you, which means you must deduct FICA and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, Florida Building Code, and zoning regulations.*

### PROOF OF OWNERSHIP:

Legal description and name of document of proof must correspond to the name and legal description of the application. You must submit proof of ownership of the property concerned in the application as:

- \* Recorded Quit Claim Deed;
- \* Recorded Special Warranty Deed;
- \* Recorded Warranty Deed;
- \* Miami Dade County Tax Receipt;
- \* For Commercial Properties a copy of lease, if applicable.

### INSURANCE:

You should be advised that if your day labor employees cause any damage to persons or property, or if any of your day labor employees are injured on the job, **YOU ARE LIABLE**. Your regular home insurance policy ordinarily does not cover this type of liability.

### DEMOLITION WORK:

In addition to meeting Florida Building Code requirements, you are responsible for disconnecting all utilities, including water, sewer, septic tank, electrical services, gas, telephone, cable TV, etc., prior to commencing demolition. You are also required to obtain a permit from the State of Florida Department of Health and Rehabilitation Services (DOH) in order to abandon any septic tank that is on the property.

**NOTICE: SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, SEPTIC TANK, PLUMBING, ROOFING AND MECHANICAL WORK**

### IMPORTANT NOTICE - Please Read

1. **Work may begin** only after receiving a validated permit and permit card. Applying of a permit does not grant the right to begin construction.
2. **The construction, demolition, alteration and/or repair of any building** shall take place between the hours of 7:00 a.m. to 8:00 p.m. on weekdays.
3. **All construction or demolition areas** must be maintained in a clean, neat and sanitary condition free from construction debris.
4. **Streets and neighboring properties** surrounding the construction site shall be kept free from dirt and debris.
5. **Swales** must be protected from being damaged by equipment or vehicles.
6. **Construction trailers** are prohibited on single-family residential construction sites. Other construction may have a trailer, which requires a separate permit.
7. Department of Health and Rehabilitative Services (HRS) approval is required for applications involving **septic tanks**. Department of Environmental Resource Management (DERM) and/or Miami-Dade Water and Sewer Department (MDWASA) approval is required for applications involving **sewers**.
8. **Portable toilets** for a construction site requires a separate permit.
9. **Do no discharge water** into the right of way or storm drains without approval from the Bldg. , Planning/Zoning Departments.
10. **Equipment and materials** shall be stored at least 10 feet from the edge of the right-of-way.
11. **Permit card, Permit and Plans** must be kept on site, be visible at all times, and be in good condition.
12. **Owner agents** must have an affidavit on file or one must be brought with the permit application
13. **Condo Association Letter of Approval** must be brought with the permit application.



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## WATER HEATER NEW AND REPLACEMENT

JOB ADDRESS: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_  
 QUALIFIER: \_\_\_\_\_  
 LICENSE NO.: \_\_\_\_\_

	EXISTING	NEW
ELECTRIC:		
GAS:		
SIZE OF UNIT (gallons):		
MAKE:		
MODEL:		
TOTAL B.T.U:		
TANK:		
TANKLESS:		

\_\_\_\_\_  
 Qualifier's Signature

### CHECK LIST

FILL OUT REPLACEMENT SHEET COMPLETELY