

Miami-Dade Department of Regulatory and Economic Resources  
**CONTACT INFORMATION FOR PERMIT APPLICATION**

|                                                                                                                                                                              |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| FIRST NAME <i>(print clearly)</i>                                                                                                                                            | LAST NAME <i>(print clearly)</i> |
| MOBILE PHONE                                                                                                                                                                 | OFFICE/HOME PHONE                |
| EMAIL <i>(required so you can be notified on the status of your plans)</i>                                                                                                   |                                  |
| COMMENTS <i>(If you are submitting a municipal plan, please provide the municipal process number(s) and ensure the municipal application is in the office set of plans.)</i> |                                  |

**PLANS *(check all that apply)***

**Please indicate if plans qualify for the following expedited plan reviews:**

- |                                                        |                                                                     |                                        |
|--------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> GOV'T PROJECT/DEPT _____      | <input type="checkbox"/> GREEN BLDG* <i>(new construction only)</i> | <input type="checkbox"/> PACE PROJECT* |
| <input type="checkbox"/> AFFORDABLE/WORKFORCE HOUSING* | <input type="checkbox"/> ECONOMIC SIGNIFICANCE*                     | <input type="checkbox"/> CONCIERGE     |
- (\*Pursuant to Ordinance 99-140; Ordinance 05-115; and Ordinance 08-51. Project may have additional requirements.)*

**REQUESTED PLAN REVIEWS *(check all that apply for rework only)***

- |                                      |                                          |                                                 |                                         |                                                    |                                                           |
|--------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> ALL         | <input type="checkbox"/> BLDG/HCAP       | <input type="checkbox"/> ELEC                   | <input type="checkbox"/> ENRG           | <input type="checkbox"/> FIRE                      | <input type="checkbox"/> ROOF                             |
| <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH            | <input type="checkbox"/> PLUM                   | <input type="checkbox"/> PWKS           | <input type="checkbox"/> PWCC                      | <input type="checkbox"/> SIGN                             |
| <input type="checkbox"/> STRU        | <input type="checkbox"/> ZNPR            | <input type="checkbox"/> WASD                   | <input type="checkbox"/> PWIF           | <input type="checkbox"/> LPGX                      | <input type="checkbox"/> SHOP DRAWING                     |
| <input type="checkbox"/> DERM CORE   | <input type="checkbox"/> DERM AIR        | <input type="checkbox"/> DERM AIRPORT           | <input type="checkbox"/> DERM ASBESTOS  | <input type="checkbox"/> DERM COASTAL              | <input type="checkbox"/> DERM FLOOD                       |
| <input type="checkbox"/> DERM GREASE | <input type="checkbox"/> DERM INDUSTRIAL | <input type="checkbox"/> DERM PAVING & DRAINAGE | <input type="checkbox"/> DERM POLLUTION | <input type="checkbox"/> DERM PRE-TREATMENT        | <input type="checkbox"/> DERM SOLID WASTE                 |
| <input type="checkbox"/> DERM TANKS  | <input type="checkbox"/> DERM TREES      | <input type="checkbox"/> DERM WATER TREATMENT   | <input type="checkbox"/> DERM WETLANDS  | <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK | <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK |

**OPTIONAL PLAN REVIEWS *(check all that apply)***

- |                               |                               |                               |                               |                               |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> BLDG | <input type="checkbox"/> ELEC | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> STRU |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

**OPR DERM INITIAL REVIEWS *(check all that apply)***

- |                                    |                                                                                                                         |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> DERM CORE | <input type="checkbox"/> DERM SPECIALTY <i>(You will be notified after core review is complete for additional fees)</i> |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**OPR DERM REWORK *(OPR for specialty only available at PIC)***

- |                                |                                     |                                   |                                        |                               |                                            |
|--------------------------------|-------------------------------------|-----------------------------------|----------------------------------------|-------------------------------|--------------------------------------------|
| <input type="checkbox"/> TREE  | <input type="checkbox"/> GREASE     | <input type="checkbox"/> ASBESTOS | <input type="checkbox"/> COASTAL       | <input type="checkbox"/> AIR  | <input type="checkbox"/> PAVING & DRAINAGE |
| <input type="checkbox"/> TANKS | <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> WETLAND  | <input type="checkbox"/> PRE-TREATMENT | <input type="checkbox"/> CORE | <input type="checkbox"/> FLOOD             |

**FOR OFFICE USE ONLY**

***To be completed by Permit and Occupancy Representative or Plans Processing Specialist***

|                                       |                                        |                                 |
|---------------------------------------|----------------------------------------|---------------------------------|
| APPLICATION DATE                      | CLERK NAME                             | ARRIVAL TIME                    |
| PROCESS NUMBER                        | PROCESS NUMBER                         | PROCESS NUMBER                  |
| <input type="checkbox"/> RE-ISSUE     | <input type="checkbox"/> PLAN REVISION | <input type="checkbox"/> REWORK |
| <input type="checkbox"/> SHOP DRAWING |                                        |                                 |