

# PUBLIC WORKS PERMIT APPLICATION



**Construction Permit Application**  
 Hialeah Gardens Building Department  
 10001 NW 87th Ave. Hialeah Gardens, FL 33016  
 Phone (305) 558-4114

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

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

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

### LOCATION INFORMATION

Job Address \_\_\_\_\_  
 Folio \_\_\_\_\_  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ PB \_\_\_\_\_ PG \_\_\_\_\_  
 Along \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Along \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### OWNER INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_, FL Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### CONTRACTOR INFORMATION

Contractor License No. \_\_\_\_\_ Type \_\_\_\_\_  
 Contractor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_, FL Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### PROJECT INFORMATION

Name \_\_\_\_\_  
 Job No. \_\_\_\_\_ Bond No. \_\_\_\_\_  
 Subdivision  Comm  Warehouse  Multi Family Res  Single Family Res.

### PERSON TO PICK UP PERMIT/PLANS \*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_, FL Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

| TYPE OF WORK         | DIMENSIONS | # of MH, HH, Poles |
|----------------------|------------|--------------------|
| Driveway Approach    | EA _____   |                    |
| Driveway (interior)  | SqFt _____ |                    |
| Sidewalk             | LF _____   |                    |
| Curb & Gutter        | LF _____   |                    |
| Paving (Parking Lot) | SqFt _____ |                    |
| Paving (Street)      | LF _____   |                    |
| Seal Coating         | SqFt _____ |                    |
| Drainage             | LF _____   |                    |
| Electric             | LF _____   |                    |
| Gas                  | LF _____   |                    |
| Telecommunication    | LF _____   |                    |
| Water                | LF _____   |                    |
| Sewer                | LF _____   |                    |
| Traffic Sign         | EA _____   |                    |
| Other                |            |                    |

#### RIGHT OF WAY UTILITY PERMIT CONDITIONS

1. Call Sunshine State One Call of Florida, Inc., at 811 or 1-800-432-4770 for locations before digging.
2. Pre-construction meeting with Public Works Department required. Call 305-823-3737 at least 48 hours prior to Commencement of Work.
3. Notify Public Works Inspector at least 48 hours prior to request inspections.
4. To close out permit, inspections are required, including a final inspection upon completion of the project.
5. All existing HG-WASD facilities must be shown on plans. Contact (john @tricitygroup.com) for as-built information.

\* An authorization letter on Company letter head from the qualifier will be required for any other person picking up the permit/plans.

**OWNER'S AFFIDAVIT:** I certify that all of the foregoing information is accurate.

|  |   |
|--|---|
| <p>_____<br/>                 Signature of <b>Owner or Owner's Agent</b></p> <p>PRINT NAME _____</p> <p>STATE OF FLORIDA COUNTY OF MIAMI-DADE</p> <p>Sworn to and subscribed before me this _____<br/>                 day of _____, 20____</p> <p>(SEAL) _____</p> <p><input type="checkbox"/> Personally known <input type="checkbox"/> Produced Identification</p> <p>Type of Identification Produced _____</p> | <p>_____<br/>                 Signature of <b>Qualifier</b></p> <p>PRINT NAME _____</p> <p>STATE OF FLORIDA COUNTY OF MIAMI-DADE</p> <p>Sworn to and subscribed before me this _____<br/>                 day of _____, 20____</p> <p>(SEAL) _____</p> <p><input type="checkbox"/> Personally known <input type="checkbox"/> Produced Identification</p> <p>Type of Identification Produced _____</p> |
|--|---|