

Date: _____ Call Back #: _____ Fax Back #: _____

Trust Acct #: _____ Building Permit #: TWD _____

 ⇒ ANY JOB VALUE GREATER THAN \$2,500.00 **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION.
 ⇒ OWNER'S AFFIDAVIT REQUIRED FOR ALL PERMITS COVERED ON THIS FORM IF VALUE IS GREATER THAN \$ 2,500

Contractor: _____ License #: _____

Job Address: _____ Cost of Imp: \$ _____

Owner: _____ Parcel ID #: _____

TYPE OF IMPROVEMENT		CLASS OF BUILDING	
03 ALTERATION / REPAIR	01 ONE FAMILY	09 WAREHOUSE	25 SCHOOL, LIBRARY, EDUCATION
	02 TWO FAMILY	15 BUSINESS	26 STORES, MERCANTILE
	03 TRIPLEX	16 AMUSEMENT, RECREATIONAL	28 DAY CARE
	04 QUADRIplex	17 CHURCH, OTHER RELIGIOUS	30 MULTI - USE
	05 MULTI FAMILY _____units	18 INDUSTRIAL	32 COMM ACCESSORY STRUC
	06 ROOMING HOUSE _____units	20 SERV. STATION, REP GARAGE	37 RESTAURANTS
	07 HOTEL, MOTEL _____units	21 HOSPITAL, INSTITUTIONAL	____OTHER _____
	08 DORMITORY _____units	22 OFFICE, PROFESSIONAL	
	12 SINGLE FAMILY ATTACHED	24 PUBLIC UTILITY	

REPLACEMENT WINDOWS DOORS (check which)
NOTE: Wired Glass shall be replaced ONLY w/ Wired Glass, UNLESS previously approved by the Building Official
Note: Replacement windows must meet safety glazing requirements. Bedroom replacement windows shall meet emergency escape requirements if openings are changed.

Manufacturer: _____

Number of Individual Window / Door Units: _____

 Are Any Windows Muller Together? Yes No
Manufacturer's tested assembly information or private engineering must be submitted for mulled windows.
2020 Florida Product Approval # FL _____
REQUIRED installation instructions on site at inspection.
Manufacturer's installation requirements and design pressure (Minimum +15.5 and -20.2) must be submitted with this application
AAMA, WDMA or Miami-Dade certification label will be required to be on the windows.
COT STAFF APPROVAL: _____

 EXTERIOR VENEER *Note: Exterior veneer may include Vinyl, Aluminum, Wood, Stucco and/ or Other Siding*
 SOFFIT
Note: Any type of Masonry Veneer must be submitted on a Building Permit Application.

Type Material: _____

Applied Over: _____

 Manufacturer: _____
2020 Florida Product Approval # FL _____
REQUIRED installation instructions on site at inspections.
PERMIT FEES
FEES PD at APPLICATION: _____

- Application: _____
- Building: _____
- State Surcharges: _____
- Training Surcharge: _____ \$ 2.50
- Other: _____

BALANCE DUE: \$ _____

 _____ / _____
 SIGNATURE of the Licensee OR Authorized Agent PRINT NAME Date