

City of Opa-locka

Building Department

780 Fisherman St, Opa-locka, FL 33054
 (305) 953-2868
www.opalockafl.gov



The city of
 bright opportunities
 @opalockafl

Plan Revision Application

Permit # / Type	Clerk:	Master Permit:	JOB ADDRESS		Unit #:
1. Owner Information	Owner: Address: City: _____ St: _____ Zip: _____ Driver License No./I.D: _____ Email: _____ Phone: _____ Owner-Builder <input type="checkbox"/>		Company Name: _____ Qualifier Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Lic #: _____ Phone: _____ Email: _____		
			2. Contractor Information		
6. Architect/Engineer	Name: _____ Address: _____ City: _____ St: _____ Zip: _____ Reg. #: _____ Discipline: _____ Phone: _____		Name: _____ Email: _____ Phone: _____		9. Contact Info
	CHOOSE ONE:	Residential	Commercial	Multi-family	Institutional
Type of Revision	The revision affects the following disciplines*: (Applicant check all that apply)				
	<input type="checkbox"/> Building <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Paving/Drainage <input type="checkbox"/> Fire <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing <input type="checkbox"/> Accessibility <input type="checkbox"/> Energy <input type="checkbox"/> Sign <input type="checkbox"/> Zoning <input type="checkbox"/> _____				
DESCRIPTION	*** (Plans must have revisions clouded-in and property numbered in the title block) *** Provide a brief description of what is being revised. The Plan examiner has the authority to modify required reviews based upon examination of the plans. <hr/> <hr/> <hr/> <hr/> <hr/>				

OWNER AFFIDAVIT:

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING. OWNER'S ELECTRONIC SUBMISSION STATEMENT: UNDER PENALTY OF PERJURY, I DECLARE THAT ALL THE INFORMATION CONTAINED IN THIS BUILDING PERMIT APPLICATION AND THE REPRESENTATIONS MADE IN THE REQUIRED DISCLOSURE STATEMENT ARE TRUE AND CORRECT.

NOTE: CONTRACTOR PLEASE READ CAREFULLY:

APPLICATION IS HEREBY MADE FOR PLAN REVISION AS INDICATED HEREIN. I CERTIFY THAT I AM THE CONTRACTOR FOR THE MASTER PERMIT AND ACKNOWLEDGE THIS REVISION. I FURTHER UNDERSTAND THE REQUIREMENT AND PROVISIONS IN THIS DOCUMENT.

X _____	Signature of Qualifier
Print Name: _____	
STATE OF FLORIDA, COUNTY OF MIAMI DADE	
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by _____	
X _____	Notary Signature
Notary Stamp or Seal	
Personally Known or I.D: _____	