

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: _____		2. Contractor Information	Company Name: _____															
	Address: _____			Qualifier Name: _____															
	City: _____ St: _____ Zip: _____			Address: _____															
	Driver License No./I.D: _____			City: _____ St: _____ Zip: _____															
	Email: _____			Lic #: _____ Phone: _____															
	Phone: _____ Owner-Builder <input type="radio"/>			Email: _____															
6. Architect/Engineer	Name: _____		9. Contact Info	Name _____															
	Address: _____			Email _____															
	City: _____ St: _____ Zip: _____			Phone: _____															
	Reg. #: _____ Discipline: _____																		
	Phone: _____																		
CHOOSE ONE: Residential Commercial Multi-family Institutional																			
Type of Revision	The revision affects the following disciplines*: (Applicant check all that apply)																		
	<table border="0"><tr><td><input type="radio"/> Building</td><td><input type="radio"/> Fire Sprinkler</td><td><input type="radio"/> Plumbing/Gas</td></tr><tr><td><input type="radio"/> Structural</td><td><input type="radio"/> Mechanical</td><td><input type="radio"/> Paving/Drainage</td></tr><tr><td><input type="radio"/> Fire</td><td><input type="radio"/> Electrical</td><td><input type="radio"/> Roofing</td></tr><tr><td><input type="radio"/> Accessibility</td><td><input type="radio"/> Energy</td><td><input type="radio"/> Sign</td></tr><tr><td></td><td><input type="radio"/> Zoning</td><td><input type="radio"/> _____</td></tr></table>					<input type="radio"/> Building	<input type="radio"/> Fire Sprinkler	<input type="radio"/> Plumbing/Gas	<input type="radio"/> Structural	<input type="radio"/> Mechanical	<input type="radio"/> Paving/Drainage	<input type="radio"/> Fire	<input type="radio"/> Electrical	<input type="radio"/> Roofing	<input type="radio"/> Accessibility	<input type="radio"/> Energy	<input type="radio"/> Sign		<input type="radio"/> Zoning
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	<input type="radio"/> Zoning	<input type="radio"/> _____																	
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.																		

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: _____