12340 NE 8 AVE
NORTH MIAMI, FL 33161
PHONE: 305-895-9820 FAX: 305-895-9822
PERMITTING HOURS 7:30-3:00 MON-FRI
WEBSITE: WWW.NORTHMIAMIFL.GOV

# **SUB-PLUMBING** CONTRACTOR APPLICATION FOR **CITY OF NORTH MIAMI**

***MUST BE ACCOMPANIED BY A BUILDING APPLICATION, (IF RELATED)**

| **CHECK LIST FOR PERMIT SUBMITALS:** |
|---|
| (YOU MUST HAVE ALL OF THE FOLLOWING INFORMATIN EACH TIME YOU SUBMIT A NEW APPLICATION) |
| ☐ COMPLETED APPLICATION |
| ☐ FILL OUT OWNER/CONTRACTOR INFO, SIGNED AND NOTARIZED |
| ☐ ALL OF THE CONTRACTORS LICENSES AND INSURANCE WITH AUTHORIZATION LETTER(S) |
| ☐ **FEE SHEET(**S) NO EXCEPTIONS WILL BE MADE |
| ☐ PERMIT DESCRIPTION AND JOB COST |

| | | | |
|---|---|---|---|
| **Job Address** | | **Apt.** | |
| **Owner name** | | **Owner phone** | |
| **Company Name** | | **License No** | |
| **Qualifier Name** | | **Phone** | |
| **Address** | | **Email** | |
| **Work Description** | | | |
| | | | |
| | | | |
| | | **Est. Job Cost** | |

Authorized person's contact: #: **Related Permit #:**

I, _____, qualifier, authorize _____ to pick up and drop off permits on my behalf. **(YOUR NOTARIZED SIGNATURE BELOW APPROVES AUTHORIZATION)**

**STATE OF FLORIDA, COUNTY OF MIAMI-DADE**

_____ _____

**Signature of Qualifier** **Print Name**

**Sworn to and subscribed before me this ____ day of _____20_____.**

_____

**Signature of Notary Public – State of Florida**

**Personally known ___OR Type of ID: _____**

**STATE OF FLORIDA, COUNTY OF MIAMI-DADE**

_____ _____

**Signature of Owner** **Print Name**

**Sworn to and subscribed before me this ____ day of _____20_____.**

_____

**Signature of Notary Public – State of Florida**

**Personally known ___OR Type of ID: _____**

| **OFFICE USE ONLY** | **Discipline** | **Aprvd/Date** | **PERMIT FEE** |
|---|---|---|---|
| | **PLUMBING**_____ | | _____ |
| | **THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.** | | |

*ATTENTION APPLICANT; YOU ARE RESPONSIBLE FOR FILLING OUT THIS APPLICATION CORRECTLY. IF YOU HAVE ANY QUESTIONS CONCERNING WHAT CATEGORY YOUR WORK FALLS UNDER, PLEASE SEE AND INSPECTOR OR PROCESSOR FOR YOUR TRADE. REFUNDS WILL NOT BE GIVEN IN CASE OF ERROR ON YOUR PART AND YOU WILL BE CHARGED A DOUBLE FEE PLUS $100 FOR DOING WORK WITHOUT A PERMIT.

## PLUMBING FEE SHEET

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE FACTS STATED IN THIS DOCUMENT ARE TRUE AND THAT PERJURY IS A FELONY OF THE THIRD DEGREE. QUALIFIER SIGNATURE: _____

INSTRUCTIONS: Please indicate the type of work being performed and quantities in the space provided below.

| TYPE | QTY | TYPE | QTY | | QTY |
|---|---|---|---|---|---|
| **MINIMUM FEE (for all other work not in a specific category)** **Description:**_____ | | **P017** # of outlets Natural Gas/ LP outlets residential | | **P036** # of Wells Residential | |
| **P001** # of Sq.Ft. New Single Family Residence | | **P019** # of Outlets Natural Gas/ LP commercial | | **P037** # of Wells Commercial | |
| **P002** # of Sq.Ft. Addition to single Family Residence | | **P018** # of Appliances/Set residential | | **P040** # of Plants / Water Treatment | |
| **P003** Estimated Cost Alteration/Repairs Sgl. Fam.,Duplex | | **P020** # of Fixtures Appliances/Set commercial | | **P041** # of Plants Sewer Treatment Plant | |
| **P004** # of outlets Rough/Plug (incl. Roof inlet) | | **P022** # of Repairs to Gas Pipes | | **P042** # of Ejectors Sewage | |
| **P005** # of Sewer capping | | **P023** # of Zones Irrigation System/ Underground | | **P043** # of Feet, Water & Gas Mains, Storm & Sanitary Collector Lines | |
| **P006** # of outlets for Condensate Drain | | **P024** # of Toilets 1st Temporary | | **P045** # of Manholes Site Utilities | |
| **P007** # of meters for Water Service Connection / Repairs | | **P025** # of Additional Temporary Toilets | | **P046** # of Interceptors, Site Utilities | |
| **P009** # of Sump Pumps | | **P027** # of Items Septic Tanks/ Relay/ Abandonment | | **P047** # of Connections Building Water Service, Ext. Rough only | |
| **P010** # Est. cost Repairs to Water Piping | | **P028** # of Interceptors | | **P048** # of Connections Trailer of Mfg. Home, Ext. Rough only | |
| **P011** # of Fixtures/ Set (incl. Roof inlet, Floor drain) | | **P029** # of Installations Solar Water Heater | | **P049** # of Lift Stations | |
| **P012** # of Assemblies 2" or less water service back flow assembly | | **P030** # of Replacements Solar Panels or add | | **P051**# of Sewer Connection to Public System | |
| **P013** # of Assemblies 2 ½" or larger water service back flow assembly | | **P032** # of Pools / Pool Piping Residential | | **P052** # of Sewer Connection to Private System | |
| **P014** # of systems Dental Vacuum system | | **P033** # of Pools/ Pool Piping Commercial | | **P054** # of Meters/ Re-metering | |
| **P015** # of feet Sanitary pipelines | | **P034** # of Fountains Piping | | **P055** Estimated Cost Medical Gas Installation | |
| **P016** # of Grease Traps | | **P035** # of Heaters package Pool Heater | | **P062** # of Tanks Underground / Above Ground LP Tanks | |

AFTER THE FACT ☐ PERMIT #_____ PLAN REVIEWER INITIAL_____