

Town of Medley
Building & Zoning
Department



7777 NW 72nd Avenue
Medley, Florida, 33166
Phone: 305-887-6913
Fax: 305-887-6928

Application Permit

Revision Subsidiary

Date: _____

Master Permit #: _____ Revised Permit #: _____

Contractor Name: _____ Phone #: _____

Job Name: _____ Job Address: _____

Work Description: _____ Pgs: _____

Email: _____ Value of Work: \$ _____

Licensed Trades

- Building
- Structural
- Electrical
- HV/AC Mechanical
- Plumbing
- Roofing
- Paving
- Drainage
- Fire Protection Sprinklers
- Irrigation System
- Irrigation Wall
- Other: _____

(One Application per Trade)

Shop Drawings

- Awnings
- Canvas Canopy
- Exterior Glass & Glazing
- Fence
- Garage Doors
- Gates
- Metal Stairs
- Precast Tilt Panels
- Railings
- Strom Structure
- Structural Steel
- Trusses
- Other: _____

Disapproval: _____

Disapproval: _____

Reviewers

Approved: _____

Date: _____

Fees

Permit: \$ _____

Imaging: \$ _____

Total: \$ _____

Payment

Clerk: _____

Date: _____

Cash: _____

Check: _____

CC: _____

I certify that the information provided is accurate; also, I shall not commence work until all reviews are completed, approved, and paid in full.

Qualifier Name: _____ Qualifier Signature: _____

Affidavit

I, _____ - _____, certify under penalties of perjury, that I have read the entire application and
(Print applicant name) (Print Title)
the above stated information is true and correct. _____ (signature)

Sworn to and Subscribed before me by _____ who is personally known to me or has produced _____ as identification,
this _____ day of _____, 20____.

(Notary's signature and stamp)