

City of Miami



SPECIAL EVENTS BUILDING PERMIT FORM

Please allow 2-3 business weeks for processing and completion.

Today's Date: _____

PROPERTY AND OWNER INFORMATION

Job Address: _____ Folio Number: _____
Property Owner Name: _____
Property Owner Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____ Email: _____

CONTRACTOR INFORMATION

Contractor Name: _____
Contractor License No.: _____
Company Name: _____

EVENT INFORMATION

Event Name: _____
Event Date: _____
Job Description (installed items): _____
Cost (labor & materials): _____ Plan Page Count: _____

Include copy of event permit with this form, and with permit documents to be uploaded or scanned.

PERMITTING CONTACT INFORMATION

Contact Name: _____
Phone: _____ Email: _____

Contact person will receive email notifications of process status from ProjectDox.

SELECT HOW PLANS WILL BE DIGITIZED FOR ELECTRONIC PLANS REVIEW

Will you upload electronically signed/sealed plans: _____
Will you drop-off plans at permit counter for scanning: _____

ALL FIELDS MUST BE FILLED OUT IN ORDER TO PROCESS.