

The City of Coral Gables

PUBLIC WORKS

2800 SW 72 Avenue, Miami, Florida 33155

Tel: 305.460.5025 / 305.460.5026

Email: pwpermits@coralgables.com

PERMIT APPLICATION

CONTACT PERSON/PHONE NO. _____ EMAIL: _____

DATE: _____ SQ FT.: _____ EST. COST: _____ PW PERMIT #: _____

ALL OF THE FOLLOWING MUST BE FILLED IN BY APPLICANT ACCORDING TO FS 713.35

OWNER NAME/PHONE NO. _____

CONTRACTOR NAME: _____

LICENSE NUMBER: _____ PHONE NO.: _____

CONTRACTOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SITE ADDRESS: _____

WORK DESCRIPTION:

The undersigned affirms that the applicant is familiar and agrees to conform to the standard specification of the City of Coral Gables and all regulations of the Department of Public Works concerning work to be performed in the public right-of-way.

OWNER'S AFFIDAVIT: I certified that all foregoing information is accurate and that all work be done in compliance with all applicable laws regulating construction and zoning.

Print Name: OWNER

Address: _____

Signature: OWNER

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____ 20____ by _____ who has taken an oath and is personally known to me, has produced _____ as identification.

(Signature of Notary Public - State of Florida)

Print, Type or Stamp Commissioned Name of Notary Public

Print Name: NAME QUALIFIER/CONTRACTOR

Address: _____

Signature: QUALIFIER/CONTRACTOR

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____ 20____ by _____ who has taken an oath and is personally known to me, has produced _____ as identification.

(Signature of Notary Public - State of Florida)

Print, Type or Stamp Commissioned Name of Notary Public

CONSTRUCTION ON THE RIGHT-OF-WAY

DATE: _____

JOB LOCATION: _____

PROPOSED DATE
OF CONSTRUCTION: _____

PROPOSED DATE
OF COMPLETION: _____



SKETCH OF PROPOSED CONSTRUCTION