



# Village of El Portal

500 NORTHEAST 87th STREET  
EL PORTAL, FLORIDA 33138-3517  
TELEPHONE (305) 795-7880  
FAX (305) 795-7884

## **TO ALL CONTRACTORS**

Listed below is a list of requirements for obtaining permits:

1. Dade County O/L (or wherever business is located)
2. State License
3. Certificate of Competency or Registration
4. Certificate of Insurance
  - A. Worker Compensation
  - B. General Liabilities
5. If set of plans is required (plans review within one week)
  - A. \$ 35.00 plan review fee
  - B. \$ 25.00 each reinspection fee

**PERMITS WILL BE ISSUED AFTER APPROVAL WITHIN  
2-3 WORKING DAYS**

**PRODUCT APPROVAL REQUIRED FOR (ROOFING,  
WINDOWS, AWNING) ETC.**



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### CONTRACTOR REGISTRATION FORM

**DO NOT FAX DOCUMENTS; THEY MUST BE BROUGHT IN PERSON**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ OTHER \_\_\_\_\_

QUALIFIER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ OTHER \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ EXP. \_\_\_\_\_

**PLEASE ATTACH COPY OF ALL LICENSES & CERTIFICATION OF INSURANCE**

STATE LICENSE \_\_\_\_\_ EXP. \_\_\_\_\_

CERTIFICATE OF COMPETENCY \_\_\_\_\_ EXP. \_\_\_\_\_

OCCUPATIONAL LICENSE \_\_\_\_\_ EXP. \_\_\_\_\_

MUNICIPAL LICENSE \_\_\_\_\_ EXP. \_\_\_\_\_

**CERTIFICATE OF INSURANCE MUST BE MADE OUT TO THE VILLAGE OF EL PORTAL**

LIABILITY INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXP. \_\_\_\_\_

WORKMAN'S COMP INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ EXP. \_\_\_\_\_

Fees: Permit \_\_\_\_\_ Filing \_\_\_\_\_  
 Radon \_\_\_\_\_ Other \_\_\_\_\_  
 C.C.F \_\_\_\_\_ Total \_\_\_\_\_

SA  SUB  MASTER   
 Permit # \_\_\_\_\_



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Contact Information  
 Phone: 305.795.7880  
 Fax: 305.795.7884

**PERMIT APPLICATION**

Application Date: |\_|\_|/|\_|\_|/|\_|\_| PROPERTY FOLIO: |1|8|-|\_|\_|-|\_|\_|-|\_|\_|-|\_|\_|-|\_|\_|

Job Address: \_\_\_\_\_

Legal Description: Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Size \_\_\_\_\_

Owner/Lessee/Tenant's Name: \_\_\_\_\_

Owner's Address (if different from job address): \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: _____	SS#:  _ _ - _ _ - _ _
Address: _____	Phone: _____
License Information – State #: _____	Municipal: _____
Competency: _____	Insurance: _____
Qualifier: _____	Bonding Co: _____

Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mortgagor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PERMIT TYPE**

MECHANICAL    PLUMBING    ROOFING    FENCE  
 ELECTRICAL    BUILDING    PAVING    SIGN    POOL

CHECK TYPE

WORK DESCRIPTION	
Square Feet: _____	Estimated Cost (job value):  _ _ _ , _ _ _ . _ _

**WARNING TO OWNER:** Your failure to record a notice of commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

Application is hereby made to obtain a permit to do work and installations as indicated above, and on the attached addendum (if applicable) - I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for ELECTRICAL, PLUMBING, SIGNS, POOLS, ROOFING & MECHANICAL WORK.

**OWNER'S 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. Furthermore, I authorize the above named contractor to do the work stated.

\_\_\_\_\_  
 Signature of Owner and/or Condo President  
 State of Florida, County of Dade

This foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_, who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and who \_\_\_\_\_ did \_\_\_\_\_ did not take an oath

\_\_\_\_\_  
 Signature of Contractor and/or Owner-Builder  
 State of Florida, County of Dade

This foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_, who is \_\_\_\_\_ personally known to me or \_\_\_\_\_ who has produced \_\_\_\_\_ as identification and who \_\_\_\_\_ did \_\_\_\_\_ did not take an oath