



Development Services Department
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CITY OF CORAL GABLES

DEVELOPMENT SERVICES DEPARTMENT *Residential Permit Exemption Review*

ONLY FOR SINGLE FAMILY DWELLING WORK VALUED LESS THAN \$7,500

Eligibility Requirements:

1. The project needs to be for a single-family dwelling, duplex, or townhouse property, as defined under FBC Residential.
2. The property can't be located in a Flood Hazard Area. This can be determined by visiting the FEMA Map Service Center and searching by address at: <https://msc.fema.gov/portal/search>
3. The project can't have any work involving electrical, plumbing, structural, mechanical, or gas work. Note that structural work includes any part of the building envelope, including but not limited to roofing, doors, windows, and/or anything outside that must resist wind or impact loads.
4. Projects cannot be subdivided into more than 1 project to evade the need for obtaining permits.

Date: _____ Folio #: _____ Value of Work: _____

Exterior Only ___ Interior Only ___ Exterior and Interior ___

DESCRIPTION OF WORK (PRINT):

PROPERTY OWNER
Name: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____
Email: _____

JOB ADDRESS
Address: _____
Lot: _____ Block: _____
Subdivision: _____
Plat book: _____ Page: _____

OTHER CONTACT NAME
Name: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____
Email: _____

CONTRACTOR COMPANY NAME
Qualifier Name: _____
Address: _____
City/State/Zip: _____
License No.: _____ Telephone No.: _____
Email: _____

VERIFICATION PURSUANT TO SECTION 92.525, FLORIDA STATUES

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true, to the best of my knowledge and belief.

Signature of Owner/Lessee/Authorized Agent: _____

Signature of Owner/Lessee/Authorized Agent: _____

Owner/Lessee/Authorized Agent Name (Print): _____

Owner/Lessee/Authorized Agent Name (Print): _____

STATE OF FLORIDA) ss COUNTY OF MIAMI-DADE)
Sworn to or affirmed and subscribed before me this ___ day of ___, in the year 2___ by _____ who has taken an oath and is personally known to me or has produced _____ as identification.
My Commission Expires: _____
_____ Notary Public

STATE OF FLORIDA) ss COUNTY OF MIAMI-DADE)
Sworn to or affirmed and subscribed before me this ___ day of ___, in the year 2___ by _____ who has taken an oath and is personally known to me or has produced _____ as identification.
My Commission Expires: _____
_____ Notary Public