

Permit type MISCELLANEOUS WORK Permit #

Address Parcel #

Apt/Suite

City State Zip

Permit Information

Master permit Routing queue Applied

Project Status Approved

Description Issued

Submitted Clock Days Expires

Submitted via

Owner

Last name First name Address

Phone Email

Applicant

Owner is applicant? Contractor is applicant?

Last name First name Address

Phone Cust # Email inspection results

Email

Lender

Last name First name Address

Phone Email

Permit # BL-19-11-4725

Address 4700 SW 8 ST
CORAL GABLES FL 33134-2547

Permit type MISCELLANEOUS WORK

Contractors Name / Address

OWNER BUILDER

Address

Primary

Phone () -

Bus license #

Contractor is applicant

License type

License #

License status

Contact OWNER BUILDER

Phone () -

Work type

Contact email

Fax () -

Mail hard copy

Send email

Send fax

Permit # BL-19-11-4725

Address 4700 SW 8 ST
CORAL GABLES FL 33134-2547

Permit type MISCELLANEOUS WORK

Group	Action Code	Action Description	Completion Date	Complete Code
1	PLAN REVIEW	Routed		
2	PLAN PROCESSING	Routed		
3	CASHIER	Routed		
4	NOTICE OF COMMENCEMENT	Routed		
- 5	INSPECTION	Hold		
5	zn004	FINAL ZONING		<input type="checkbox"/>
5	zn004	FINAL ZONING	11/21/2019 12:00:00 AM	<input checked="" type="checkbox"/> reject
5	zn004	FINAL ZONING	11/27/2019 12:00:00 AM	<input checked="" type="checkbox"/> reject

Group Title INSPECTION

Group Status Hold