



PERMIT NO.: _____
Date Issued: _____

VILLAGE OF VIRGINIA GARDENS
6498 N.W. 38th TERRACE
VIRGINIA GARDENS, FLORIDA 33166
TELEPHONE: (305) 871-6104 www.viriniagardens-fl.gov

PUBLIC WORKS PERMIT APPLICATION

LOCATION INFORMATION

Job Address: _____

Folio: _____

Lot _____ Block _____ PB _____ PG _____

Along _____ From _____ To _____

Along _____ From _____ To _____

OWNER INFORMATION

Name _____

Address _____

City _____, State _____ Zip _____

Phone# _____ Cell# _____

Email _____

CONTRACTOR INFORMATION

Contractor # _____ NAICS code _____

Contractor's Name _____

Address _____

City _____, FL Zip _____

Business Phone _____

Contact Name _____

Phone# _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone# _____

*All contractors **MUST** provide proof of insurance, workman's compensation insurance and status of license to the Village of Virginia Gardens Building Department at time of permit submission. Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

Owner's Affidavit: I certify that all the foregoing information is accurate.

Owner Signature: _____

Print Name: _____

Date _____

NOTARY as
to Owner or Agent _____

My Commission Expires:

STAMP

Contractor Signature: _____

Print Name: _____

Date _____

NOTARY as
to Contractor _____

My Commission Expires:

STAMP



PROJECT DESCRIPTION

*All contractors must notify the Public Works Dept. 48 hours **PRIOR** to starting work.

*All Contractors must contact the Virginia Gardens Police Dept. regarding upcoming projects and determine if off-duty officers are required.

Contractor Initial _____

Type of work

Dimensions

Sidewalk	_____ LF
Curb & Gutter	_____ LF
Paving	_____ LF
Drainage	_____ LF
Electric	_____ LF
Gas	_____ LF
Telecommunication	_____ LF
Water	_____ LF
Sewer	_____ LF
Traffic	_____ EA
Other	_____ _____

PROJECT INFORMATION

Two sets of plans must be submitted with this application

Start Date _____ Est. Completion Date _____

Total Project Cost \$ _____

FOR DEPARTMENT USE ONLY

Public Works Review

Virginia Gardens Police officer required? Yes _____ No _____

Date:

Comments:

APPROVED

☐

REJECTED

☐

SIGNATURE PUBLIC WORKS DIRECTOR

DATE

Office Use Only

PUBLIC WORKS PERMIT FEES

PW _____
CC _____
DBPR _____
OTHER _____
TOTAL _____