



CITY OF WEST MIAMI  
 901 S.W. 62<sup>ND</sup> AVENUE  
 WEST MIAMI, FL 33144  
 TEL: (305)266-1122

FOR OFFICE USE ONLY

PERMIT # \_\_\_\_\_

2019-2020

NEW PERMIT

RENEWAL PERMIT

DATE: \_\_\_\_\_

1. NAME OF BUSINESS OR RESIDENT: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM THE ABOVE): \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

3. PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

4. EMERGENCY LISTING: List individuals with keys to respond in case of emergency

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

6. ALARM COMPANY MONITORING ALARM SYSTEM

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

7. NAME OF PERSON COMPLETING APPLICATION:

\_\_\_\_\_ PHONE \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
 Authorized Applicant

**NEW PERMIT: \$50.00**  
**RENEWAL: \$35.00**

FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Receipt: \_\_\_\_\_

Return or bring this form in with your payment