



# REPAINT PERMIT APPLICATION



Community Development Department  
 Planning & Redevelopment Division  
 2200 Civic Center Place  
 Miramar, FL 33025  
 Tel: (954) 602-3264  
 www.miramarfl.gov



UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION FOR A REPAINT PERMIT AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE.

\_\_\_\_\_  
 INITIALS

## APPLICATION CHECKLIST

Requirement		✓	Application No.
1	Completed, signed and notarized application		Application Received Date
2	Color chips and/or materials to be used (Refer to Section 5)		
3	<b>Option 1:</b> Site plan/Aerial view of subject site with highlighted buildings to be painted and proposed paint pattern <b>Option 2:</b> Photographs/Renderings of the subject site with proposed color swatches on building face		

**PRINT OR TYPE ALL INFORMATION.** If the Property Owner is also the Applicant, then only Section 2 is required to be completed. If the Applicant and Property Owner are different, both Sections 1 & 2 must be completed.

### 1 APPLICANT INFORMATION

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

### 2 PROPERTY OWNERSHIP INFORMATION

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

### NOTARIZATION

STATE OF \_\_\_\_\_/COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization,  
 this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year), by \_\_\_\_\_ (name of person acknowledging)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

<b>3</b>	<b>GENERAL INFORMATION</b>
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Property Parcel ID Number:	5	1									
Property Address:											
Is the request a result of Code Enforcement Action? (If so, please indicate the Code Case No. on the line below)      YES / NO											
Code Enforcement Case No.:											
Will your organization be repainting with service from a contractor? (If so, please complete Section 4 below)      YES / NO											

<b>4</b>	<b>CONTRACTOR INFORMATION</b>
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Company Name:	
Company Address:	
License No.:	
Phone No.:	E-mail:

<b>5</b>	<b>PAINT DETAIL &amp; ADDITIONAL INFORMATION</b>
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- Complete the Paint Detail form on Page 3 and submit with this application package.
- A Repainting Permit Application Fee of \$54.00 is due before Issuance of Permit.
- The scope of work must be completed within 180 days of the Issued Permit Date. If work has not been completed by the expiration date, the Applicant may request a 30 day extension. Once work has been completed, the Applicant must schedule a Final Zoning Inspection.

<b>OFFICE USE ONLY</b>	<b>RESULTS</b>	<b>OFFICE USE ONLY</b>
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Results:	REQUEST FOR APPROVAL GRANTED	REQUEST DENIED
Permit Reviewer:	Signature:	
Condition(s) of Approval:		
Reason for Denial:		
Repaint Permit Expires:		

PRIMARY WALLS & COLUMNS (Base Color)	FASCIA
MANUFACTURER	MANUFACTURER
COLOR CODE	COLOR CODE
COLOR NAME	COLOR NAME
FINISH/TEXTURE	FINISH/TEXTURE
<p style="text-align: center;"><b>ATTACH SAMPLE</b></p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">PLACE COLOR CHIP HERE</p>	<p style="text-align: center;"><b>ATTACH SAMPLE</b></p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">PLACE COLOR CHIP HERE</p>
SECONDARY WALLS & COLUMNS (Accent or Trim Color)	SECONDARY WALLS & COLUMNS (Accent or Trim Color)
MANUFACTURER	MANUFACTURER
COLOR CODE	COLOR CODE
COLOR NAME	COLOR NAME
FINISH/TEXTURE	FINISH/TEXTURE
<p style="text-align: center;"><b>ATTACH SAMPLE</b></p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">PLACE COLOR CHIP HERE</p>	<p style="text-align: center;"><b>ATTACH SAMPLE</b></p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">PLACE COLOR CHIP HERE</p>