



City of Miami Gardens

DEVELOPMENT SERVICES - BUILDING SERVICES
18605 NW 27TH AVENUE, CITY HALL, 1ST FLOOR
MIAMI GARDENS, FL 33056
(305) 622-8027 (OFFICE) OR (305) 626-4220 (FAX)

PROFESSIONAL CERTIFICATION FOR SHORT TERM EVENTS (30 DAYS OR LESS) AFFIDAVIT AND VERIFICATION FORMS

PERMIT HOLDER AND PROPERTY OWNER AFFIDAVIT:

Event Date – From: ____/____/____ To: ____/____/____ (30 Days or less)

I have elected to use one or more private providers to provide building code plans review and or inspection services on the structure that is the subject of the enclosed permit application, as authorized by s. 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable code, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law required minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the City of Miami Gardens, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental or other codes.

Property Owner

Event Holder

Prime Contractor

State of Florida)
County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the legal owner of the above property.

Sworn to and subscribed before me on this ____ day of _____, 20 ____
By: _____.

SEAL)

Print, Type or Stamp Name of Notary

Personally Known

Or Produced Identification

Type of Identification:

State of Florida)
County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the Event Holder.

Sworn to and subscribed before me on this ____ day of _____, 20 ____
By: _____.

SEAL)

Print, Type or Stamp Name of Notary

Personally Known

Or Produced Identification

Type of Identification:

State of Florida)
County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____
By: _____.

SEAL)

Print, Type or Stamp Name of Notary

Personally Known

Or Produced Identification

Type of Identification:

BUILDING VERIFICATION FORM

INSTRUCTIONS

Two sets of the construction documents listed below must be included with the permit application. The construction documents shall include a site plan showing all property lines, together with dimensions of same; all street(s) or avenue(s) on which the property is located; the location, setback, dimensions and description of all existing buildings, light standard, driveways, customer parking area and the size, location and setbacks of all temporary structure(s); occupancy load of all facilities; the location and number of restroom facilities (existing or proposed). Temporary structures include but are not limited to tents, stages, bleachers, platforms, frames or towers for stage lighting or sound systems. Plans detailing the structures must comply with the Florida Building Code and NFPA102.

Once a permit is secured, deviations from these documents during construction shall result in inspection rejection by the registered person. Any required changes must be filed with the Building Division as revisions to the permit prior to inspection approval. Revisions to the permit shall be signed and sealed by the design professional and must be submitted with a signed Affidavit and Verification Form prepared by the same registered person who issued the original Affidavit and Verification Form.

REQUIREMENT

INCLUDED AS PART OF SUBMITTAL

Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County [] Yes [] Not

Written Approval Florida Department of Health Applicable [] Yes [] Not

Approval from the Division of Hotels and Restaurant Applicable [] Yes [] Not

THE FOLLOWING TEMPORARY STRUCTURES AND FACILITIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | | |
|--|---|--|
| <input type="checkbox"/> Membrane Structures (Tents) | <input type="checkbox"/> Tower for Lighting or Sound System | <input type="checkbox"/> Non-Portable Ventilation System |
| <input type="checkbox"/> Stage | <input type="checkbox"/> Platform | <input type="checkbox"/> Lift |
| <input type="checkbox"/> Bleachers | <input type="checkbox"/> Enclosed Cooking Facilities | <input type="checkbox"/> Ramp |
| <input type="checkbox"/> Not Required | <input type="checkbox"/> Trailer/Container | |
| <input type="checkbox"/> Others Describe: _____ | | |

THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

PLUMBING

bd-pcd- Natural Gas/Liquid Petroleum

Not Required

Contractor's Name: _____

License No.: _____

Qualifier's Name: _____

Qualifier's No.: _____

Qualifier's Signature: _____

State of Florida)

County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____ By: _____.

SEAL)

Print, Type or Stamp Name of Notary

____ Personally Known

____ Or Produced Identification

Type of Identification: _____

PLUMBING

bd-pco- Portable Chemical Toilet

Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

State of Florida)

County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____ By: _____.

SEAL)

Print, Type or Stamp Name of Notary

____ Personally Known

____ Or Produced Identification

Type of Identification: _____

ELECTRICAL

bd-etw Specialty Wiring

Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

State of Florida)

County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____ By: _____.

SEAL)

Print, Type or Stamp Name of Notary

____ Personally Known

____ Or Produced Identification

Type of Identification: _____

ELECTRICAL

bd-esy Fire Alarm

Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

State of Florida)

County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____ By: _____.

SEAL)

Print, Type or Stamp Name of Notary

____ Personally Known

____ Or Produced Identification

Type of Identification: _____

MECHANICAL

bd-mcd Kitchen Hood

Not Required

Contractor's Name:

License No.:

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

State of Florida)

County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____ By: _____.

SEAL)

Print, Type or Stamp Name of Notary

____ Personally Known

____ Or Produced Identification

Type of Identification: _____

MECHANICAL

bd-mcd Non-Portable Ventilators

Not Required

Contractor's Name: _____

License No.: _____

Qualifier's Name: _____

Qualifier's No.: _____

Qualifier's Signature: _____

State of Florida)

County of Miami Dade) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this ____ day of _____, 20 ____ By: _____.

SEAL)

Print, Type or Stamp Name of Notary

____ Personally Known

____ Or Produced Identification

Type of Identification: _____

AFFIDAVIT

The plans submitted show the architectural design and conform to the technical codes, including the Florida Building Code. The plans conform to the laws as to egress, accessibility, type of construction and general arrangement.

I assume full responsibility for the review of plans and inspection of construction for compliance with all provisions of the technical codes, including the Florida Building Code (FBC) acknowledging that the Building Division will rely on the truth and accuracy of this statement.

PRINT NAME

REGISTRATION NUMBER

SIGNATURE AND SEAL