

CITY OF MIAMI BEACH
BUILDING DEPARTMENT
APPENDIX 20

CITY OF MIAMI BEACH

BUILDING DEPARTMENT
1700 Convention Center Drive, 2nd Floor
Miami Beach, Florida 33139

Phone: (305) 673-7610
Fax: (305) 673-7857



Dear Applicant:

It has been determined by the Building Official that a Certificate of Occupancy/Certificate of Completion will be required. In order to expedite that requirement, please complete and return to us the required documents together with a sealed copy of your final survey and Elevation Certificate.

These documents must be received by this office seventy-two (72) hours prior to the time the Certificate of Occupancy/Certificate of Completion is required. All required inspections will then be scheduled within this seventy-two (72) hour period.

If your project includes any deadlines which must be met, this office should be contacted at least five (5) working days prior to that date so that we can address any problems that may impact the completion of the job.

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO INSURE THAT ALL APPLICABLE CONTRACTORS ARE PREPARED FOR THEIR FINAL INSPECTIONS.

Your consideration will insure a minimum of delays in the issuance of your Certificate of Occupancy.

Building Official
City of Miami Beach

NOTE: A Certificate of Occupancy/Certificate of Completion cannot be issued if the structure does not match the approved plans on file in this office.

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WE REQUIRE THE FOLLOWING INFORMATION TO DETERMINE CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION.

TENANT: _____

BUSINESS: _____

APPLICANT: _____

PREVIOUS USE: _____

CURRENT USE: _____

PERMIT NUMBER: _____

PROOF OF IMPACT FEES: _____

AREA (SQ-FT) _____

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ENGINEERING/ARCHITECTURAL APPROVAL

Date: / /

Firm: _____
Address: _____

To: City of Miami Beach
Building Department
1700 Convention Center Drive
Miami Beach, Florida 33139

Gentlemen:

This office has inspected the job at _____ and found it to have been built according to the approved plans and specifications as prepared by this office.

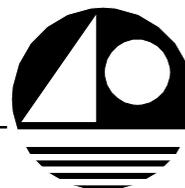
This building is structurally designed and constructed in accordance with good engineering and architectural practice and is in compliance in all respects with local building code requirements.

To the best of my knowledge, belief and professional judgment the approved permit plans represent the as-built condition of the structural and envelope components of the structure.

I, therefore, recommend that approval be granted and a FINAL CERTIFICATE OF OCCUPANCY/CERTIFICATE OF COMPLETION be issued for the above subject premises.

Architect/Engineer Signature (Required)
<SEAL REQUIRED>

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To: Building Department
c/o Building Official
City Hall – 2nd Floor
1700 Convention Center Drive
Miami Beach, Florida 33139

Date: / /

The undersigned hereby certify that the building constructed under Building Permit Number: _____ has been completed in conformity with the building plans filed with the Building Department of the City of Miami Beach under the above permit and that all changes (Revisions) in reference to this structure have been filed and accepted by the Building Inspection Section.

No temporary or final Certificate of Occupancy/Certificate of Completion will be issued until this form is executed.

The owner certifies that the actual cost of construction is the same as that provided on the permit application. If not, the new cost is \$ _____.

Signature of Owner

STATE OF FLORIDA COUNTY OF DADE

Sworn to and subscribed _____ day of _____

20__, by: _____

[] Personally known to me: [] or Procured Identification

Type of Identification: _____

[] DID TAKE OATH [] DID NOT TAKE OATH

Signature of Notary Public

Signature of Qualifier

STATE OF FLORIDA COUNTY OF DADE

Sworn to and subscribed _____ day of _____

20__, by: _____

[] Personally known to me: [] or Procured Identification

Type of Identification: _____

[] DID TAKE OATH [] DID NOT TAKE OATH

Signature of Notary Public

Signature of Architect/Engineer

STATE OF FLORIDA COUNTY OF DADE

Sworn to and subscribed _____ day of _____

20__, by: _____

[] Personally known to me: [] or Procured Identification

Type of Identification: _____

[] DID TAKE OATH [] DID NOT TAKE OATH

Signature of Notary Public



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APPLICATION FOR FINAL INSPECTION & CERTIFICATE OF OCCUPANCY

BUILDING DEPARTMENT

Date: ___/___/___

Address of Job: _____

Permit Number: _____

Lot: _____ Block: _____

Subdivision: _____

NOTE: SUBMIT COMPLETION SURVEY WITH THIS APPLICATION. If you have not taken out Social Security and Withholding Taxes for the Person's pay he is not and employee under FEDERAL LAW, and cannot be classed as DAY LABOR, and must be listed hereunder. This form is subject to inspection but the office of the Collector of Internal Revenue. All contractors and sub-contractors who have contracted work for the stipulated amount and have performed WORK ON THE JOB are as follows:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
Air Conditioning	_____	_____	_____
Cabinet & Mill Work	_____	_____	_____
Carpentry	_____	_____	_____
Concrete Placement	_____	_____	_____
Electrical	_____	_____	_____
Elevator	_____	_____	_____
Flooring Asphalt	_____	_____	_____
Flooring: Sander, Finish	_____	_____	_____
Flooring: Terrazzo	_____	_____	_____
Flooring: Tile	_____	_____	_____
Garage Doors	_____	_____	_____
Glassing	_____	_____	_____
Heating	_____	_____	_____
Hoist	_____	_____	_____
Insulation	_____	_____	_____
Kitchen Equipment	_____	_____	_____
Land Cleaning	_____	_____	_____
Landscaping	_____	_____	_____
Marble	_____	_____	_____
Brick: Concrete Block	_____	_____	_____
Metal: Railing, Grilles	_____	_____	_____
Metal: Air Ducts	_____	_____	_____
Metal: Sash Erection	_____	_____	_____
Painting	_____	_____	_____
Paving	_____	_____	_____
Piling	_____	_____	_____
Plastering	_____	_____	_____
Plumbing	_____	_____	_____
Roofing	_____	_____	_____
Scaffolding	_____	_____	_____
Septic Tank	_____	_____	_____
Signs	_____	_____	_____
Soil Compaction	_____	_____	_____
Solar System	_____	_____	_____
Sprinklers: Fire	_____	_____	_____
Sprinkler: Lawn	_____	_____	_____
Steel Contractor	_____	_____	_____
Surveyor	_____	_____	_____
Swimming Pool	_____	_____	_____
Tie Beam or Pans	_____	_____	_____
Tile: Acoustical	_____	_____	_____
Tile: Bath, etc.	_____	_____	_____
Well Drilling	_____	_____	_____
Windows: Concrete Frames	_____	_____	_____
Miscellaneous	_____	_____	_____

I hereby state that I am the owner-builder of the above and that no general contractor was employed in any way what so ever. I hereby request that occupancy be permitted for the above property.

I hereby request occupancy be permitted for the above.

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FIRE PENETRATION AFFIDAVIT

Date: / /

Reference: Permit Number: _____
 Job Site Address: _____

I, _____, the qualifying agent for _____,
C.C. Number _____, hereby certify that all penetrations through walls,
ceilings, floors, and other barriers, resulting from the passage of pipes, conduits, bus ducts, cables,
wires, air ducts, pneumatic ducts, and penetrations from similar building service equipments installed in
connection with the above permit has been protected by approved materials or devices meeting the
acceptance criteria of AMERICAN SOCIETY FOR TESTING MATERIALS E814 and have been installed by
qualified persons in accordance with the manufacturer's specifications and in compliance with the
Florida Building Code.

Print Name and Title

Signature

Witness:

Print Name

Signature

Print Name

Signature

Acknowledgement

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

Notary Public – State of Florida

**TO BE GIVEN TO THE BUILDING INSPECTOR AT THE TIME OF THE FRAMING
INSPECTION & ENGINEERING INSPECTOR AT THE TIME THE CERTIFICATE OF
OCCUPANCY OR CERTIFICATE OF COMPLETION**