



MIAMI-DADE COUNTY, FLORIDA

PROFESSIONAL CERTIFICATION PROGRAM
AFFIDAVIT AND VERIFICATION FORMS
FOR PERFORMANCE OF INSPECTIONS ONLY

FOR MASTER PERMIT NUMBER: _____

JOB ADDRESS: _____

PROPERTY OWNER AFFIDAVIT:

I have opted to participate in the professional certification program made available to me by operation of State Law, Miami-Dade County Ordinance 02-175 and Administrative Order 4-120. I understand that I have selected the optional program for performance of inspections by a private provider, and the Building Official for Miami-Dade will perform all code inspections, for quality assurance. Further I am aware of the requirement of Section 8-18 of the Code of Miami-Dade County that requires disclosure in any contract for sale that the structure was erected pursuant to the professional certification inspection by architects and engineers who have been privately retained by the owner and applicant for permits.

INDIVIDUAL

CORPORATION

PARTNERSHIP

_____ Signature:	_____ Print Corporation Name	_____ Print Partnership Name
_____ Print Name:	_____ Signature:	_____ Signature:
_____ Address: _____	_____ Print Name:	_____ Print Name:
_____ _____	_____ Its:	_____ Its:
	_____ Address: _____	_____ Address: _____
_____ Telephone No.:	_____ Telephone No.:	_____ Telephone No.:

INDIVIDUAL
STATE OF FLORIDA COUNTY OF
MIAMI-DADE
Before me, this ____ day of
_____, 20____, personally
appeared _____ who
executed the foregoing instrument, and

CORPORATION
STATE OF FLORIDA COUNTY OF
MIAMI-DADE
Before me, this ____ day of
_____, 20____, personally
appeared _____, a
_____ **corporation**, who

PARTNERSHIP
STATE OF FLORIDA COUNTY OF
MIAMI-DADE
Before me, this ____ day of
_____, 20____, personally
appeared _____,
partner/agent on behalf of

acknowledged before me that same was executed for the purposes therein expressed.

(SEAL)

____ Personally known
____ or Produced Identification

executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

(SEAL)

____ Personally known
____ or Produced Identification

_____ **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

(SEAL)

____ Personally known
____ or Produced Identification

INSTRUCTIONS

Once a permit is secured, deviations from the approved documents during construction shall result in inspection rejection by the registered person and or County inspector at the time of quality control inspection. Any required changes must be filed with the Building Department as revisions to the permit and be approved prior to inspection approval. Any revisions that include a change of the list of individuals authorized to perform inspections must be submitted to the Building Department and include a signed affidavit and verification form prepared by the same individual who issued the original affidavit and verification form. Further be advised that the individual permit holders must request required inspection from the Building Department in accordance with established procedures.

AFFIDAVIT

The **Building Inspection** will performed by

Name

License Number

Name

License Number

Name

License Number

and the **Mechanical Inspection** will performed by

Name

License Number

Name

License Number

Name

License Number

and the **Electrical Inspection** will performed by

Name

License Number

Name

License Number

Name

License Number

and the **Plumbing Inspection** will performed by

Name

License Number

Name

License Number

Name

License Number

I have confirmed that these individuals are duly authorized by law to perform those duties, have valid licenses and will maintain those licenses in active status throughout the project. I assume full responsibility for the inspection of construction for compliance with all provisions of the technical codes, including the Florida Building Code acknowledging that the Building Department will rely on the truth and accuracy of this statement. I hereby certify that the following affiant is dully authorized to perform inspections pursuant to Section 553.791 Florida Statue and holds the appropriate license or certificate of insurance commensurate wit the construction value of the project.

I am aware that I must maintain at the job site an inspection log in a form specified by the County and that all inspections required under the FBC will be made by the individuals listed in the verification forms and recorded in the log. Upon completion of the work I will submit to the Building Official the completed inspection log and a certification.

I further state, I am not the design professional who signed and sealed the plans. Additionally, I hold no financial interest in the construction.

AFFIANT FOR ALL DISCIPLINES

PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

OR, AFFIANT PER DISCIPLINE

BUILDING AFFIANT PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

STRUCTURAL AFFIANT PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

MECHANICAL AFFIANT PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

PLUMBING AFFIANT PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

ELECTRICAL AFFIANT PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER