Application for Creation of Emergency Vehicle Zone

Property Name:

Property Address City Zip Code

Applicant Name

Applicant Address City Zip Code
Check One - Owner? ☐ Lessor? ☐

Legal Description of Property

Attach a drawing or sketch of the entire property indicating buildings, parking areas, roadways, accessways, and any designated loading zones or areas used for deliveries or tenant access.

Provide the following information:

1. What are the normal operating hours? Days? []

2. Approximately how many persons frequent the property on a daily basis?

3. How many requests for emergency services, policy, fire, or ambulance, were required during the past 12 month period?
If the number is for less than 12 months, please indicate the time period

4. Indicate official actions taken by any county or municipal zoning board, planning board, or other agency which relate to the property.

Enclose inspection fee of $190.00, check or money order, payable to Miami-Dade County Board of Commissioners, and mail to Miami-Dade County Fire Rescue Department, Fire Engineering and Water Supply Bureau, at the Herbert S. Saffir Permitting and Inspection Center located 11805 SW 26 Street, telephone (786) 315-2771. The fee is refundable if the application is withdrawn in writing prior to the property inspection or if the zone is deemed to be not appropriate for establishment.

For Fire Department Use – Do Not Write Below

☐ Fee received by _____
Date _____

☐ Disapproved by _____
Date _____

☐ Inspection by _____
Date _____

☐ Withdrawn by _____
Date _____

☐ Approved by _____
Date _____

☐ Fee Returned by _____
Date _____

☐ Copy to _____ Police Department
Date _____