



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 Official 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 Official 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 Official 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 Department of Regulatory and Economic Resources 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

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REGISTRATION NUMBER

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STRUCTURAL AFFIANT PRINT NAME

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SIGNATURE AND SEAL

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REGISTRATION NUMBER

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MECHANICAL AFFIANT PRINT NAME

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SIGNATURE AND SEAL

---

REGISTRATION NUMBER

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PLUMBING AFFIANT PRINT NAME

---

SIGNATURE AND SEAL

---

REGISTRATION NUMBER

---

ELECTRICAL AFFIANT PRINT NAME

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SIGNATURE AND SEAL

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REGISTRATION NUMBER