



MIAMI-DADE COUNTY, FLORIDA

**PROFESSIONAL CERTIFICATION PROGRAM
 AFFIDAVIT AND VERIFICATION FORMS**

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 under this optional program, the Building Official for Miami-Dade will not review the plans submitted or perform the code inspections, subject only to the quality assurance program established by ordinance. 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 of plans and 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
 acknowledged before me that same was
 executed for the purposes therein
 expressed.

CORPORATION
 STATE OF FLORIDA COUNTY OF
 MIAMI-DADE
 Before me, this ____ day of
 _____, 20____, personally
 appeared _____, a
 _____ **corporation**, who
 executed the foregoing instrument and
 acknowledged before me that same was
 executed for the purposes therein
 expressed.

PARTNERSHIP
 STATE OF FLORIDA COUNTY OF
 MIAMI-DADE
 Before me, this ____ day of
 _____, 20____, personally
 appeared _____,
 partner/agent on behalf of
 _____ **partnership**, who
 executed the foregoing instrument and
 acknowledged before me that same was
 executed for the purposes therein
 expressed.

(SEAL)

(SEAL)

(SEAL)

____ Personally known
 ____ or Produced Identification

____ Personally known
 ____ or Produced Identification

____ Personally known
 ____ or Produced Identification

STEP 1 (OPTIONAL):

REQUEST TO SUBMIT FOR REVIEW BY MIAMI-DADE COUNTY PRIOR TO REVIEW AND APPROVAL OF CONSTRUCTION DOCUMENTS BY THE PRIVATE PROVIDER

- This project is being submitted under an optional program that allows Miami-Dade County to review the construction documents and permit application prior to the completion and approval of required reviews by the affiant(s). My signing and sealing of the Final Verification Form is a confirmation that the official permit application, job and office set of construction documents submitted to Miami-Dade County contain all required corrections that were a result of my review. Additionally, it is confirmation that required corrections to construction documents that impact an approval already granted by Miami-Dade County were submitted for rework and approved prior to signing and sealing of the Final Verification Form.

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

REGISTRATION NUMBER

SIGNATURE AND SEAL

ELECTRICAL AFFIANT PRINT NAME

SIGNATURE AND SEAL

REGISTRATION NUMBER

STEP 2:

FINAL VERIFICATION FORM

This portion of the document is to be completed after the plans have been reviewed and approved by the affiant. Two sets of construction documents listed below must be included with the permit application. All items on the verification form must be checked “Yes” (to indicate the item is included) “Not Applicable” (if the item is not required for the project) or “To be submitted later in compliance with the noted condition.”

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 Official 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. These revisions can include but are not limited to the list of individuals authorized to perform inspections. The registered person must verify that all shop drawings are reviewed and approved by the professional of record prior to submittal to the Building Official.

BUILDING VERIFICATION FORM

REQUIREMENT

INCLUDED AS PART OF SUBMITTAL

CONDITIONS

Termite Treatment Certificate of Compliance

Yes Not Applicable
 To be submitted later in compliance with the noted conditions

Required at different stages in accordance with 1816 Florida Building Code. The registered person is required to collect documents and submit as a revision prior to Final Insp.

Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County.

Yes Not Applicable

Roofing System

Yes Not Applicable
 To be submitted later in compliance with the noted conditions

Notice of Acceptance an (NOA) must be submitted at time of roofing permit application. This must be submitted with a signed Affidavit and Verification Form prepared by the same registered person who issued the original Affidavit and Verification Form.

Florida Department of Health -
Application Receipt Letter for Pool
Operating Permit

[] Yes [] Not Applicable

Required for construction of a
public swimming pool as a
condition of the building permit
approval in accordance with Section
514.03(1) of the Florida Statutes.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> Category 92 Low Slope Applications | <input type="checkbox"/> Category 103 Structural Roof Panels |
| <input type="checkbox"/> Category 95 Shingles | <input type="checkbox"/> Category 107 Tile Roofs |
| <input type="checkbox"/> Category 96 Metal, Wood Shingles, Shakes | <input type="checkbox"/> Category 109 Waterproofing Systems |

COMPLETION HOLDS REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- 448 Department of Health (DOH) Operating Permit Required



STRUCTURAL VERIFICATION FORM

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Complete plans in compliance with Florida Building Code and Section 8-10 of the Code of Miami-Dade County.	[] Yes [] Not Applicable	
Soil Test Report	[] Yes [] Not Applicable	
Pile Load Test or Calculations	[] Yes [] Not Applicable	
Complete Structural Calculations	[] Yes [] Not Applicable	
Special Inspector Letter as established in 1820.3.1, 1822.1.20, 1927.12, 2122.4, 2218.2, 2319.17.2.4.2 of the FBC.	[] Yes [] Not Applicable	
Threshold Inspection Letter and Threshold Inspector Plan	[] Yes [] Not Applicable	
Floor Trusses Shop Drawings and Calculations	[] Yes [] Not Applicable [] To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Floor Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Soil Compaction Test	[] Yes [] Not Applicable [] To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and submitted as a revision prior to Foundation Insp.

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Roof Trusses Shop Drawing and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Handrail and Guardrails Shop Drawing and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Final Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Bar Joist Shop Drawings and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Steel Framing Shop Drawings and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Pre-cast Floor and/or Wall Systems Shop Drawings and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Composite Floor System Shop Drawings and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Structural Roof Systems Shop Drawings and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Tie Beam Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Pre-manufactured stairs shop drawings and Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record prior to the Final Insp. The registered person must verify that manufacturing plants have a valid Certificate of Competency.
Glazing including skylights, windows and glass doors; NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Framing Insp.
Storefronts and curtain walls; NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Framing Insp.
Exterior door drawings, NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Framing Insp.
Glass block drawings, NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Framing Insp.
Sectional overhead door drawings, NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Final Insp.
Roll-up door drawings, NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Framing Insp.
Storm protection (shutters) drawings, NOA and design wind pressure computations.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be submitted later in compliance with the noted conditions	Must be submitted prior to Final Insp.

MECHANICAL VERIFICATION FORM

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Energy calculations	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Boiler and/or Pressure Vessel Report.	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Must be submitted as a revision to the permit prior to Final Insp.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Category 03 Air Conditioning | <input type="checkbox"/> Category 39 Cooling Towers |
| <input type="checkbox"/> Category 09 Above & Below Ground Tanks/Pumps & Pollutant Storage System | <input type="checkbox"/> Category 40 Internal Combustion |
| <input type="checkbox"/> Category 10 Heating | <input type="checkbox"/> Category 41 Mechanical Ventilation |
| <input type="checkbox"/> Category 11 Insulation | <input type="checkbox"/> Category 42 U.F. Pressure Vessel |
| <input type="checkbox"/> Category 15 Pneumatic Tube Conveyor System | <input type="checkbox"/> Category 43 Fire Chemical/Halon |
| <input type="checkbox"/> Category 16 Pressure Process Pipping | <input type="checkbox"/> Category 45 Ductless Ventilation |
| <input type="checkbox"/> Category 19 Refrigeration | <input type="checkbox"/> Category 46 Spray Booths |
| <input type="checkbox"/> Category 23 Air Conditioning Duct Work | <input type="checkbox"/> Category 48 Smoke Control |
| <input type="checkbox"/> Category 24 Boiler | <input type="checkbox"/> Category 50 Raise Existing Roof Mounted Equipment |
| <input type="checkbox"/> Category 25 Transport Assembly | <input type="checkbox"/> Category 52 Residential Elevator (Private/Individual) |
| <input type="checkbox"/> Category 38 Commercial Hoods | |

COMPLETION HOLDS REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- 429 Submit Final Elevator Inspection Report

PLUMBING VERIFICATION FORM

<u>REQUIREMENT</u>	<u>INCLUDED AS PART OF SUBMITTAL</u>	<u>CONDITIONS</u>
Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County.	[] Yes [] Not Applicable	
Well Completion Report	[] Yes [] Not Applicable	Must be submitted as a revision to the permit prior to Final Insp.
Solar Water Heater (Shop drawings)	[] Yes [] Not Applicable	Must be submitted signed and sealed by the delegated engineer and approved by the designer of record at time of subsidiary permit application.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> Category 01 | <input type="checkbox"/> Category 17 Exterior Rough Only |
| <input type="checkbox"/> Category 02 Gas Fitting | <input type="checkbox"/> Category 18 Lift Station |
| <input type="checkbox"/> Category 03 Lawn Sprinkler | <input type="checkbox"/> Category 20 Sewer Connection to Public System |
| <input type="checkbox"/> Category 07 Solar Water Heater | <input type="checkbox"/> Category 21 Re-Metering |
| <input type="checkbox"/> Category 09 Swimming Pool Maintenance ONLY | <input type="checkbox"/> Category 22 Medical Gas |
| <input type="checkbox"/> Category 10 Pool Piping | <input type="checkbox"/> Category 23 Foundation ONLY |
| <input type="checkbox"/> Category 12 Swimming Pool Service | <input type="checkbox"/> Category 24 Inceptor/Grease Trap |
| <input type="checkbox"/> Category 14 Fire Water | <input type="checkbox"/> LPGX Category 01 |
| <input type="checkbox"/> Category 15 Site Utilities | |

ELECTRICAL VERIFICATION FORM

REQUIREMENT

INCLUDED AS PART OF SUBMITTAL

CONDITIONS

Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County.

[] Yes [] Not Applicable

Fire Alarm Shop Drawings

[] Yes [] Not Applicable
[] To be submitted later in compliance with the noted conditions

Must be submitted signed and sealed by the delegated engineer and approved by the designer of record at time of subsidiary permit application.

Lighting Certification in accordance with Chapter 8-C of the Code of Miami-Dade County

[] Yes [] Not Applicable
[] To be submitted later in compliance with the noted conditions

Must be submitted as a revision to the permit prior to Final Insp.

THE FOLLOWING SEPARATE PERMIT CATEGORIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- | | |
|---|--|
| <input type="checkbox"/> Category 01 General Electric | <input type="checkbox"/> Category 24 Free Standing Service |
| <input type="checkbox"/> Category 02 Burglar Security Systems (Commercial Only) | <input type="checkbox"/> Category 26 Temp Service Test |
| <input type="checkbox"/> Category 04 Fire Alarm | <input type="checkbox"/> Category 27 Interior Sign Architectural Feature |
| <input type="checkbox"/> Category 06 Master T.V. Antenna (Commercial Only) | <input type="checkbox"/> Category 28 Lighting Pole |
| <input type="checkbox"/> Category 07 Sound & Intercom (Commercial Only) | <input type="checkbox"/> Category 29 Recreational Vehicle |
| <input type="checkbox"/> Category 08 Utility Electrical | <input type="checkbox"/> Category 31 Change out of exact replacement of A/C |
| <input type="checkbox"/> Category 14 Temporary Service for Construction | <input type="checkbox"/> Category 32 Data Communication Cables (Commercial Only) |
| <input type="checkbox"/> Category 15 Temporary for Test (Elevators) | <input type="checkbox"/> Category 33 Central Vacuum (Commercial Only) |
| <input type="checkbox"/> Category 16 Specialty Wiring | <input type="checkbox"/> Category 34 Solar Photovoltaic |
| <input type="checkbox"/> Category 18 Energy Service Management | <input type="checkbox"/> Category 35 Telephone & Communication (Commercial Only) |
| <input type="checkbox"/> Category 21 Agricultural Services | <input type="checkbox"/> Category 36 Smart House System (Commercial Only) |
| <input type="checkbox"/> Category 22 Trailer Service | <input type="checkbox"/> Category 38 Generator (Standalone) |
| <input type="checkbox"/> Category 23 Swimming Pools | |

AFFIDAVIT

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the Following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate and insurance commensurate with the construction value of the project:

The **Building Plans** review was performed by

_____ Name

_____ License Number

_____ Name

_____ License Number

_____ Name

_____ License Number

and the **Building Inspections** will be performed by

Name

License Number

Name

License Number

Name

License Number

The **Structural Plans** review was performed by

Name

License Number

Name

License Number

Name

License Number

The **Mechanical Plans** review was performed by

Name

License Number

Name

License Number

Name

License Number

and the **Mechanical Inspection** will be performed by

Name

License Number

Name

License Number

Name

License Number

The **Plumbing Plans** review was performed by

Name

License Number

Name

License Number

Name

License Number

and the **Plumbing Inspection** will be performed by

Name

License Number

Name

License Number

Name

License Number

The **Electrical Plans** review was 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

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 review of plans and inspection of construction for compliance with all provisions of the technical codes, including the Florida Building Code acknowledging that the Building Official will rely on the truth and accuracy of this statement.

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