



**PROFESSIONAL CERTIFICATION FOR  
 SHORT TERM EVENTS (45 DAYS OR LESS)  
 AFFIDAVIT AND VERIFICATION FORMS**

**PERMIT HOLDER AND PROPERTY OWNER AFFIDAVIT:**

*Event Date - From:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *To:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **(45 Days or less)**

I understand that under this program, the Building Official for Miami-Dade County will not review the plans submitted or perform the code inspections. Instead, plan review and inspections will be performed through licensed personnel of my choosing. By executing this form I acknowledge that all facilities installed shall be removed within 7 days of the event conclusion.

**PROPERTY OWNER**

**EVENT HOLDER**

**PRIME CONTRACTOR**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

STATE OF FLORIDA)  
 COUNTY OF MIAMI-DADE) SS:

STATE OF FLORIDA)  
 COUNTY OF MIAMI-DADE) SS:

STATE OF FLORIDA)  
 COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that he/she is the legal owner of the above property.

The person whose signature appears above, deposes that he/she is the event holder.

The person whose signature appears above, deposes that he/she is the prime contractor.

SWORN TO AND SUBSCRIBED

SWORN TO AND SUBSCRIBED

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 by \_\_\_\_\_

SEAL) \_\_\_\_\_  
 PRINT, TYPE OR STAMP NAME OF NOTARY  
 \_\_\_\_\_ Personally Known  
 \_\_\_\_\_ or Produced Identification  
 \_\_\_\_\_ Type of Identification Produced

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# BUILDING VERIFICATION FORM

## INSTRUCTIONS

Two sets of construction documents listed below must be included with the permit application. The construction documents shall include a site plan showing all property lines, together with dimensions of same; all street(s) or avenue(s) on which the property is located; the location, setback, dimensions and description of all existing buildings, light standards, driveways, customer parking area and the size, location and setbacks of all temporary structure(s); occupancy load of all facilities; the location and number of restroom facilities (existing or proposed). Temporary structures include but are not limited to tents, stages, bleachers, platforms, frames or towers for stage lighting or sound systems. Plans detailing the structures must comply with the Florida Building Code and NFPA102.

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.

## REQUIREMENT

## INCLUDED AS PART OF SUBMITTAL

- |   |         |                    |
|---|---------|--------------------|
| Complete plans in compliance with the Florida Building Code and Section 8-10 of the Code of Miami-Dade County | [ ] Yes |                    |
| Written Approval Florida Department of Health   | [ ] Yes | [ ] Not Applicable |
| Approval from the Division of Hotels and Restaurant   | [ ] Yes | [ ] Not Applicable |
| Approval from the Miami-Dade County Office of ADA required for events on County owned or leased property      | [ ] Yes | [ ] Not Applicable |

## THE FOLLOWING TEMPORARY STRUCTURES AND FACILITIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Membrane Structures (Tents) | <input type="checkbox"/> Tower for Lighting or Sound System | <input type="checkbox"/> Non-Portable Ventilation System |
| <input type="checkbox"/> Stage                       | <input type="checkbox"/> Platform                           | <input type="checkbox"/> Lift                            |
| <input type="checkbox"/> Bleachers                   | <input type="checkbox"/> Enclosed Cooking Facilities        | <input type="checkbox"/> Ramp                            |
| <input type="checkbox"/> Not Required                | <input type="checkbox"/> Trailer/Container                  |  |
| <input type="checkbox"/> Others Describe: _____      |   |  |

**THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

**PLUMBING**

CATEGORY 01 - LPGX

Not Required

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF FLORIDA)  
COUNTY OF MIAMI-DADE) SS:

The person whose signature appears above, deposes that he/she is  
the prime contractor.

SWORN TO AND SUBSCRIBED

Before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_

SEAL) \_\_\_\_\_  
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**PLUMBING**

Not Required

**CATEGORY 05** - Portable Chemical Toilet

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_ Type of Identification Produced

**ELECTRICAL**

**CATEGORY 16** – Specialty Wiring

Not Required

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ELECTRICAL**

**CATEGORY 04 – Fire Alarm**

**Not Required**

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**MECHANICAL**

**CATEGORY 38** – Kitchen Hood

Not Required

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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COUNTY OF MIAMI-DADE) SS:**

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**MECHANICAL**

**CATEGORY 41** – Non-Portable Ventilators

Not Required

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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by \_\_\_\_\_

**SEAL)** \_\_\_\_\_

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\_\_\_\_\_ Type of Identification Produced



**MECHANICAL**

**CATEGORY 43** – Automatic Fire Suppression

Not Required

Contractor's Name:

License No.:

\_\_\_\_\_

\_\_\_\_\_

Qualifier's Name:

Qualifier's No.:

Qualifier's Signature:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## AFFIDAVIT

The plans submitted show the architectural design and conform to the technical codes, including the Florida Building Code. The plans conform to the laws as to egress accessibility, type of construction and general arrangement.

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 (FBC) acknowledging that the Building Official will rely on the truth and accuracy of this statement.

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PRINT NAME

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REGISTRATION NUMBER

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SIGNATURE AND SEAL