

CU PROCESS NUMBER _____

FOLIO NUMBER _____

Financial Institution Information

Local Agent: _____

Address: _____

Phone: _____

Space above reserved for use of recording office

**INSPECTION CERTIFICATE OF USE REPORT FOR SINGLE FAMILY RESIDENCE, DUPLEX,
CONDOMINIUM UNIT OR TOWNHOUSE ACQUIRED THROUGH CERTIFICATION OF TITLE AS PER
ORDINANCE NO. 08-133**

THIS REPORT MUST BE COMPLETED BY AN ARCHITECT OR PROFESSIONAL ENGINEER LICENSED AND REGISTERED IN THE STATE OF FLORIDA AND SUBMITTED TO THE ZONING PERMITS SECTION OF THE DEPARTMENT OF PLANNING AND ZONING LOCATED AT 11805 SW 26 STREET, MIAMI, FLORIDA 33175 (786) 315-2666 OR 2660. AN AS-BUILT SURVEY OR A SITE PLAN WITH AN ARCHITECT OR ENGINEER LETTER CERTIFYING CURRENT CONDITIONS OF THE SITE MUST BE ATTACHED TO THE REPORT. FOR A CONDO UNIT, SUBMIT A FLOOR PLAN AND ELEVATION PLAN TO INCLUDE THE PATIO/BALCONY AREA. ONCE REVIEWED AND APPROVED, THE REPORT MUST BE RECORDED WITH THE MIAMI-DADE COUNTY CLERK OF THE COURTS PRIOR TO THE ISSUANCE OF A CERTIFICATE OF USE. A RECORDED COPY OF THE REPORT IS TO BE SUBMITTED TO THE ZONING PERMITS SECTION.

PREPARED DATE: _____

SIGNATURE AND SEAL

INSPECTION REPORT PREPARED BY:

PRINT NAME: _____

REGISTRATION NUMBER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

a. Name on Title:
b. Street Address:
c. Legal Description:
d. Owner's Name:
e. Owner's Mailing Address:
f. Folio Number of Property:
g. Present Use (circle one): SINGLE FAMILY RESIDENCE, DUPLEX, CONDO UNIT, TOWNHOUSE
h. General Description of Property/Structure: Type of Construction, Square Footage, Number of Stories, and Special Features...

ZONING

1. ZONING CLASSIFICATION

Zoning District:	Number of Living Units:
Unit(s) Subdivided into other living quarters	Yes () No ()
Comments:	
Estimated Cost for Legalization:	

2. SETBACK REQUIREMENTS (Provide required setbacks for structures)

Principal Residence Year Built:			
Required Setbacks - Front:	Rear:	Interior Side:	Side Street:
Actual Setbacks Provided - Front:	Rear:	Interior Side:	Side Street:
Accessory Structures (shed/gazebo/chickee hut, detached buildings):			
Required Setbacks - Front:	Rear:	Interior Side:	Side Street:
Actual Setbacks Provided - Front:	Rear:	Interior Side:	Side Street:
Does spacing between buildings meet code?		Yes ()	No ()
Swimming pools/spas:			
Does swimming pool/spa meet setback requirements?		Yes ()	No ()
Comments:			
Estimated Cost for Legalization:			

3. LOT COVERAGE (Single Family and Duplexes Only)

Lot Size:	
Square footage of principal residence:	
Maximum Lot Coverage Permitted:	
Maximum Lot Coverage Provided:	
Square footage of accessory structures(exclude pools and slabs):	
Do accessory structures exceed rear yard area?	Yes () No ()
Comments:	
Estimated Cost for Legalization:	

4. FENCES, WALLS AND/OR HEDGES

Are there any height restriction violations?	Yes ()	No ()
Are there any Sight Safety Triangle violations?	Yes ()	No ()
Comments:		
Estimated Cost for Legalization:		

5. RESOLUTIONS, VARIANCES AND/OR ADMINISTRATIVE ADJUSTMENTS

Are there any existing Resolution(s) or Administrative Adjustment(s)?	Yes ()	No ()
If yes; does the property meet all condition(s)?	Yes ()	No ()
Comments(Note: resolution numbers or administrative variance/adjustment):		
Estimated Cost for Legalization:		

STRUCTURAL

1. Additions, alterations or accessory structures that are not compliant with any building code enforced in Miami-Dade County (If yes, will be referred to Building Department for possible enforcement action)

<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes is checked, describe:
Estimated cost to bring into compliance (repair or demolish):

2. PRESENT CONDITION OF STRUCTURE (If any items marked yes, will be referred to Building Department for possible enforcement action)

1. Bulging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
2. Settlement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
3. Deflection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
4. Cracking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
5. Spalling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
6. Termite infestation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
7. Rotten Wood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
8. Rusted Steel Members	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:
9. Other Unsafe Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, identify location and cost of repair:

3. WINDOWS AND DOORS

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

4. ROOF SYSTEM

1. Describe roof condition:
2. Good () Fair () Repairs Required ()
3. Water Leaks <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicates where:
4. Comments:
Estimated Cost of Repair or Replacement:

ELECTRICAL SYSTEMS

1. ELECTRICAL SERVICE (If repairs are required, will be referred to Building Department for possible enforcement action)

1. Size:	Amperage ()	Fuses ()	Breakers ()
2. Condition:	Good ()	Fair ()	Repairs Required ()
3. Comments:			
Estimated Cost of Repair or Replacement:			

2. ELECTRICAL SERVICE (If repairs are required, will be referred to Building Department for possible enforcement action)

1. Panel # ()	Location:	Good ()	Repairs Required ()
2. Panel # ()	Location:	Good ()	Repairs Required ()
3. Panel # ()	Location:	Good ()	Repairs Required ()
4. Comments:			
Estimated Cost of Repair or Replacement:			

3. BRANCH CIRCUITS / WIRING DEVICES

1. Identified:		Yes ()	Must be identified ()
2. Conductors:	Good ()	Fair ()	Must be replaced ()
3. Wiring Devices:	Good ()	Fair ()	Must be replaced ()
4. Comments:			
Estimated Cost of Repair or Replacement:			

4. GROUNDING OF SERVICE (If repairs are required, will be referred to the Building Department for possible enforcement action)

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

5. SERVICE CONDUITS/RACEWAYS

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

6. SMOKE DETECTORS

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

7. SWIMMING POOL WIRING (If repairs are required, will be referred to the Building Department for possible enforcement action)

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

8. WIRING OF MECHANICAL EQUIPMENT

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

PLUMBING & GAS SYSTEMS

1. WATER SERVICE (check all that apply)

<input type="checkbox"/> City <input type="checkbox"/> Well
Comments:

2. METER AND WATER SERVICE CONNECTION

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

3. SEWER SERVICE

<input type="checkbox"/> City <input type="checkbox"/> Septic Tank:
Comments:

4. CITY SEWER CONNECTION OR SEPTIC TANK CONNECTION

Condition:	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement			

5. GAS SERVICES (If repairs are required, will be referred to the Building Department for possible enforcement action)

<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

6. PLUMBING FIXTURES

Kitchen	Good ()	Fair ()	Repair or Replace ()
Bathrooms	Good ()	Fair ()	Repair or Replace ()
Comments:			
Estimated Cost of Repair or Replacement:			

7. PLUMBING APPLIANCES

Kitchen	Good ()	Fair ()	Repair or Replace ()
Water Heater	Good ()	Fair ()	Repair or Replace ()
Garbage Disposal	Good ()	Fair ()	Repair or Replace ()
Dishwasher	Good ()	Fair ()	Repair or Replace ()
Washer/Dryer	Good ()	Fair ()	Repair or Replace ()
Ice Maker	Good ()	Fair ()	Repair or Replace ()
Comments:			
Estimated Cost of Repair or Replacement:			

8. LAWN SPRINKLERS

<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

9. SWIMMING POOL (If repairs are required, will be referred to the Building Department for possible enforcement action)

<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes	Good ()	Fair ()	Repairs Required ()
Comments:			
Estimated Cost of Repair or Replacement:			

