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
_____________________________________ _____________________________________

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.

SWORN TO AND SUBSCRIBED

Before me this ___ day of __________, 20___ by ________________________________

PROPERTY OWNER

PRIME CONTRACTOR

_____________________________________ _____________________________________

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 ________________________________

PRIME CONTRACTOR

Event Holder

_____________________________________ _____________________________________

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

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

SWORN TO AND SUBSCRIBED

Before me this ___ day of __________, 20___ by ________________________________

EVENT HOLDER

SEAL)

PRINT, TYPE OR STAMP NAME OF NOTARY

Personally Known

or Produced Identification

Type of Identification Produced

SEAL)

PRINT, TYPE OR STAMP NAME OF NOTARY

Personally Known

or Produced Identification

Type of Identification Produced

SEAL)

PRINT, TYPE OR STAMP NAME OF NOTARY

Personally Known

or Produced Identification

Type of Identification Produced

SEAL)
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

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):

- [ ] Membrane Structures (Tents)
- [ ] Stage
- [ ] Bleachers
- [ ] Not Required
- [ ] Others Describe: ________________________________
- [ ] Tower for Lighting or Sound System
- [ ] Platform
- [ ] Enclosed Cooking Facilities
- [ ] Trailer/Container
- [ ] Non-Portable Ventilation System
- [ ] Lift
- [ ] Ramp

__________
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) _________________________________

PRINT, TYPE OR STAMP NAME OF NOTARY

_____ Personally Known

_____ or Produced Identification

_____ Type of Identification Produced
PLUMBING

☐ CATEGORY 05 - Portable Chemical Toilet

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)

PRINT, TYPE OR STAMP NAME OF NOTARY

______ Personally Known

______ or Produced Identification

______ Type of Identification Produced
ELECTRICAL

☐ CATEGORY 16 – Specialty Wiring  ☐ Not Required

Contractor’s Name:          License No.: [System Formatted]

Qualifier’s Name:          Qualifier’s No.: [System Formatted]

Qualifier’s Signature: [System Formatted]

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) _______________________________

PRINT, TYPE OR STAMP NAME OF NOTARY

_____ Personally Known

_____ or Produced Identification

_____ Type of Identification Produced

PAGE 5 OF 10 REV 02/19/13
ELECTRICAL

☐ CATEGORY 04 – Fire Alarm
☐ 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)

PRINT, TYPE OR STAMP NAME OF NOTARY

_________ Personally Known

_________ or Produced Identification

_________ Type of Identification Produced
### MECHANICAL

- **CATEGORY 38** – Kitchen Hood

<table>
<thead>
<tr>
<th>Contractor's Name:</th>
<th>License No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualifier’s Name:</th>
<th>Qualifier’s No.:</th>
<th>Qualifier’s Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

- Print, Type or Stamp Name of Notary
  - _______ Personally Known
  - _______ or Produced Identification
  - _______ Type of Identification Produced

---

PAGE 7 OF 10 Rev. 02/19/13
MECHANICAL

☐ CATEGORY 41 – Non-Portable Ventilators
☐ 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)______ PRINT, TYPE OR STAMP NAME OF NOTARY

_____ Personally Known

_____ or Produced Identification

_____ 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:

_______________________________________________

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)

PRINT, TYPE OR STAMP NAME OF NOTARY

_________ Personally Known

_________ or Produced Identification

_________ Type of Identification Produced
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.

________________________________________
PRINT NAME

________________________________________
REGISTRATION NUMBER

________________________________________
SIGNATURE AND SEAL