

PRIVATE PROVIDER SUBMITTAL CHECKLIST

(REVIEW & INSPECTIONS)

- Permit application (Select private provider in the application)
- Two complete Master sets of plans - all sheets stamped by private provider
(Review & approval by Private Provider may be completed concurrently with CMB's reviews and approval)
- [Construction Parking Management Plan \(CPMP\)](#) for job values of \$250,000 or higher
- [Notice to Building Official](#) – Signed and Notarized by Owner
- Complete package of certifications for all Duly Authorized Representatives performing plan reviews and inspections
- Proof of Professional Liability Insurance in accordance with the project value- CMB must be listed as a Certificate Holder

*The above line items are required to obtain **process numbers** for the permit, AND below line items are required to **issue the permit**.*

- DERM approval**
- Approval from applicable CMB's departments – Flood, Planning, Urban Forestry, Public Works, Fire, Parking, and Elevator**
- Pre-Construction Meeting held prior to permit's issuance**
- Submittal of the signed / approved plans with a [Plans Compliance Affidavit](#) for each of the reviewers**
- Building Official's approval in the system.**

Note: Flood reviewer verifies private provider's approvals for all disciplines on all sheets prior to Building Official's and permit's approvals.

PRIVATE PROVIDER COMPLIANCE FORM

Process #: _____ Project Address: _____

Permit Description: _____

Private Provider Firm: _____

Notice - A private provider may only perform building code plan review and inspection services that are within the disciplines covered by that person's licensure or certification.

The following individuals employed by this firm or me are duly authorized to perform plans review and inspections pursuant to [Section 553.791](#), Florida Statute and hold the appropriate license or certificate.

Plan Review

Building: Name & License #: _____, _____, _____

Structural: Name & License #: _____, _____, _____

Mechanical: Name & License #: _____, _____, _____

Electrical: Name & License #: _____, _____, _____

Plumbing: Name & License #: _____, _____, _____

Inspections

Building: Name & License #: _____, _____, _____

Structural: Name & License #: _____, _____, _____

Mechanical: Name & License #: _____, _____, _____

Electrical: Name & License #: _____, _____, _____

Plumbing: Name & License #: _____, _____, _____

Private Provider's Information

Private Provider's Name and Signature: _____

Florida Architect or Engineer Certification #: _____

Florida Architect or Engineer's Seal: _____

NOTICE TO BUILDING OFFICIAL OF USE OF PRIVATE PROVIDER

Process/Permit Number:	Project Name:
Job Address:	Parcel Tax ID:
Services to be provided: Plans Review <input type="checkbox"/> Inspections <input type="checkbox"/>	

Note: If the notice applies to either private plan review or private inspection services the Building Official may require, at his or her discretion, the private provider be used for both services pursuant to Florida Statute Section [553.791\(2\)](#).

I, _____, the fee owner, affirm I have entered into a contract with the Private Provider indicated below to conduct the services indicated above.

Firm:	Address:
Telephone Number:	Email Address:
Florida License, Registration or Certificate Number:	

I have elected to use one or more private providers to provide building code plans review and/or inspection services on the building that is the subject of the enclosed permit application, as authorized by [Section 553.791](#), Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building that is the subject of the enclosed permit application.

I understand the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by s. 553.791, Florida Statutes. If I make any changes to the listed private providers or the services to be provided by those private providers, I shall, within 1 business day after any change, update this notice to reflect such changes. The building plans review and/or inspection services provided by the private provider is limited to building code compliance and does not include review for fire code, land use, environmental or other codes. The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

Individual: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Partnership: <input type="checkbox"/>
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Name _____ Address _____ Phone _____

Signature _____

STATE OF FLORIDA, COUNTY OF _____

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed.

[] Personally known [] Procured Identification – Type of Identification _____

Signature of Notary Public _____ Seal

Applicant Information (Blue or Black Ink Only)			
Office Use Only Submittal Date: _____ Permit #: _____	Parcel / Folio Number: _____		Building Department 1700 Convention Center Drive, 2 nd Floor Miami Beach, Florida 33139 Telephone: 305- 673-7610; Fax: 305-673-7857 http://www.miamibeachfl.gov/building/
Property Address: _____	Unit #: _____	Master Permit Number (If applicable): _____	Violation # (If applicable): _____
Permit Type (select one)	Permit Request (select all that apply)	Property Information (select one)	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit <input type="checkbox"/> Demo year built ____ <input type="checkbox"/> Generator <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Fire <input type="checkbox"/> Shop Drawings	<input type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Interior, Non-Structural Only <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Use <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project <input type="checkbox"/> Repeive Permit	<input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex Occupancy Classification:	
New Construction/Addition		Alteration/Reconfiguration of Space	
Total Value: _____	Square Footage: _____	Value of Work: \$ _____	
Description of Work: _____			
Property Owner		Contractor	
Name: _____		Name: _____	
Address: _____ Suite: _____		Address: _____ Suite: _____	
City: _____ State: _____ Zip Code: _____		City: _____ State: _____ Zip Code: _____	
Driver's License/ State Identification Number: _____		State Identification Number/License: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address _____ Daytime phone: _____	
Architect		Structural Engineer	
Name: _____ License Number: _____		Name: _____ License Number: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address _____ Daytime phone: _____	
Notice & Certification			
This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners , etc. Owner's Affidavit: I certify that all the forgoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above. Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the above-mentioned work and to hire above captioned contractor. In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as: the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs, Water & Sewer Department, Department of Environmental Protection, South Florida Water Management District, Miami-Dade County Impact Fee, water management districts, state agencies, and/or federal agencies. Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.			
OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this permit application is true and correct.			
<input type="checkbox"/> Owner/Lessee for new permits (Documentation establishing ownership may be requested). <input type="checkbox"/> TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE.* <input type="checkbox"/> Master Permit Contractor of Record (For sub-permit / change of contractor).			
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00.			
Signature of Owner/Agent or GC (for Sub-permits): _____		Signature of Qualifier: _____	
PRINT NAME: _____		PRINT NAME: _____	
STATE OF FLORIDA MIAMI-DADE COUNTY		STATE OF FLORIDA MIAMI-DADE COUNTY	
Sworn to and subscribed before me this _____ day of _____, 20____		Sworn to and subscribed before me this _____ day of _____, 20____	
by _____		by _____	
Signature of Notary Public _____		Signature of Notary Public _____	
Print Name: _____		Print Name: _____	
(SEAL) Personally known _____		(SEAL) Personally known _____	
or Produced Identification _____		or Produced Identification _____	

Excellence Miami Beach

Our Mission

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.

Form Name	Permit Application.
Form Purpose	This form is completed if an owner or developer would like to request a permit for a construction or a rehabilitation project within the City of Miami Beach.
Related Forms	Please see the Permit Application Submittal Checklist on the link below: <ol style="list-style-type: none"> 1. Permit Application Submittal Checklist
Associated Fees	<ol style="list-style-type: none"> 1. Upfront Processing Fee. 2. Permit Fees, as applicable based on current Fee Schedule.
Additional Info	Payments can be made at following locations: <ul style="list-style-type: none"> • Kiosks/IPads located at the Building Department, 2nd Floor of City Hall and at the North Beach Office, 962 Normandy Drive, Miami Beach, FL 33141. • Cashier's window, 1st Floor City Hall. • Online Quick Pay
Form Process	<ol style="list-style-type: none"> 1. Permit Application and project plans submitted with paid upfront fees. 2. Plan Review Process is performed by the City, if applicable. 3. Payment of full permit fees are assessed and satisfied. 4. Permit is issued.
For Progress Status	You can check on an application's status in the City via the CSS system: <ul style="list-style-type: none"> • CSS (Citizen Self Service) System
For Assistance	Please contact: <ul style="list-style-type: none"> • In person: Permit Counter at the Building Department's Main Office 1700 Convention Center Drive, 2nd Floor, Miami Beach, FL 33139, or • North Beach Office located at 962 Normandy Drive, Miami Beach, FL, 33141. • Via Telephone: 305-673-7610. • Email: bpi@miamibeachfl.gov • Online: http://www.miamibeachfl.gov/city-hall/building/

TEMPORARY STRUCTURE PERMIT PACKAGE MUST BE SUBMITTED TWO (2) WEEKS IN ADVANCE.
 *The Electrical and Structural Inspection Approval Forms must be **emailed** to the corresponding chiefs **prior** to the special event taking place. Failure to do so will incur in a **\$500.00 fine.**
ChiefElectrical@miamibeachfl.gov
ChiefStructural@miamibeachfl.gov

The original, signed and sealed inspections reports must be submitted to the Building Department, Administration's Office (2nd floor of City Hall) to close the corresponding Special Event Permit.

ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305-604-2489 (voice), 305-673-7524 (fax), or 305-673-7218 (TTY) five (5) days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).