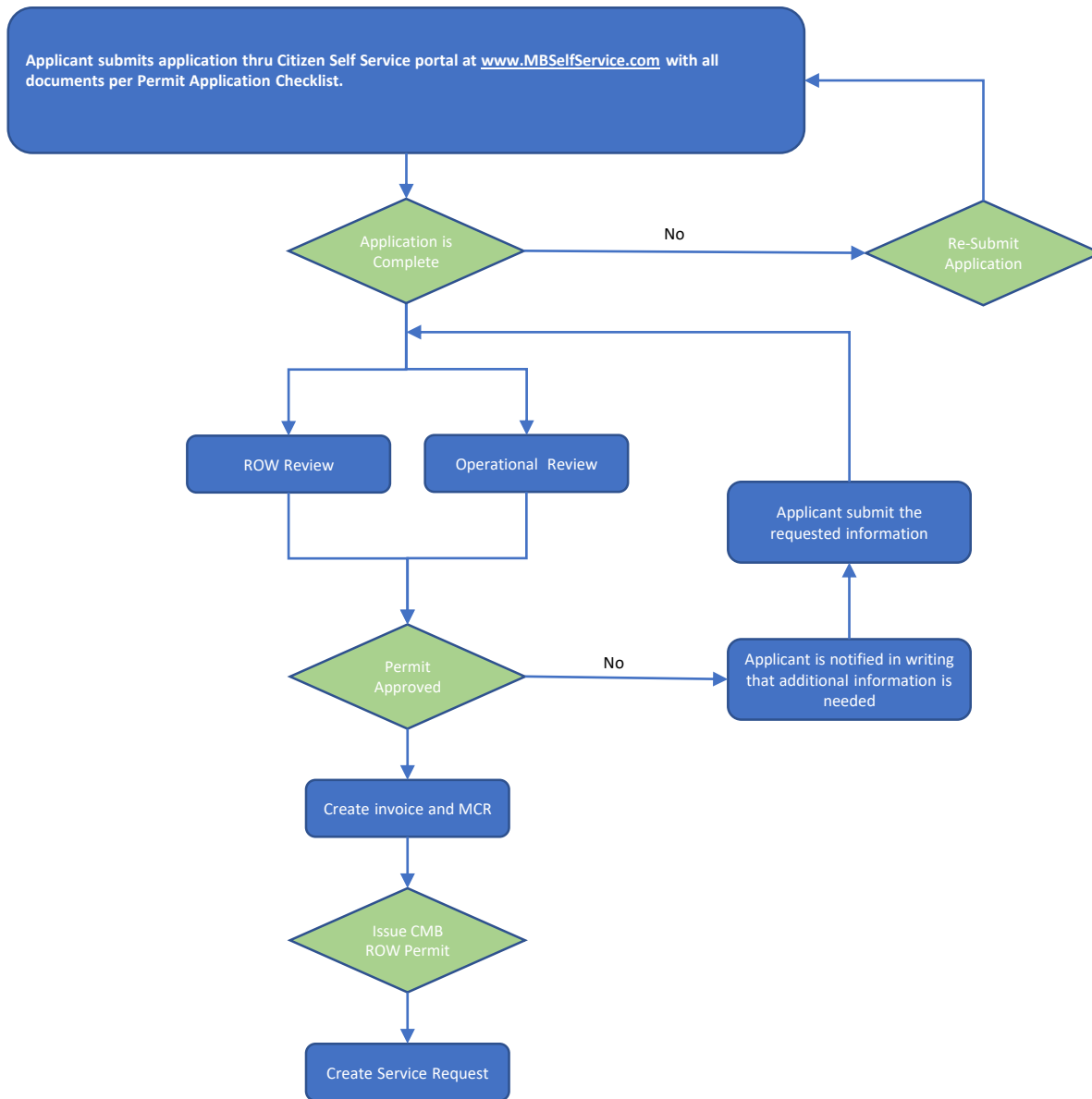
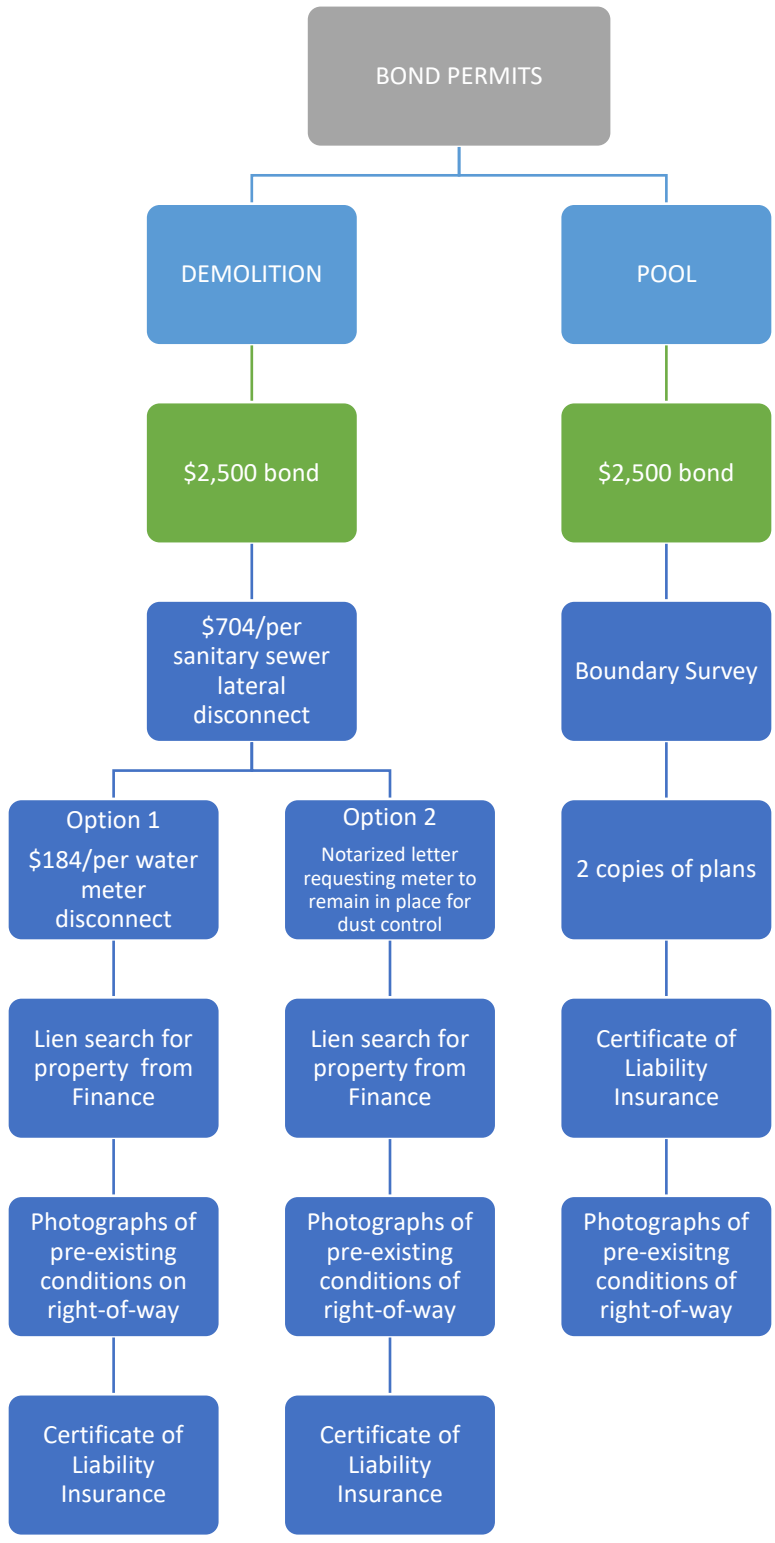


ELECTRONIC SUBMITAL



MIAMIBEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov
PUBLIC WORKS DEPARTMENT
Tel: 305-673-7080, Fax: 305-673-7028





Permit Application Checklist Demolition Permit

When requesting a Demolition Permit the applicant must provide the following:

- Request lien search for property from the Finance Department online at <https://secure.miamibeachfl.gov/lienresearch/>
- Provide copy of the City's Finance Department receipt stamped paid in full for all outstanding City bills including special assessment liens.
- Provide payment (checks) for Sanitary Sewer Lateral sealing and Water Service disconnection:
 - **\$704.00 per sanitary sewer lateral service connection**
 - **\$184.00 per water meter service connection**
- Applicant /Owner to provide a signed and notarized letter requesting that the existing water meter service remain in place during demolition to mitigate dust control
- Provide photographs of right of way pre-existing conditions to include, i.e. swale area, sidewalk curb/gutter, asphalt surface, travel lanes, parking lanes, and alleys.
- Obtain a Public Works department right-of-way demolition/permit.

Public Works to calculate restoration bond referencing the subject property. Note: upon final inspection and satisfaction of the right of way permit (special provision) the restoration bond will be refunded less interest in full.

Sealing of the existing sanitary sewer lateral for demolition purposes to be completed within 10 working days from date of the service request processed by Public Works.

The City of Miami Beach Sanitary Sewer Operation Division shall seal/reconnect the existing sanitary sewer lateral service connection at the property line.

Restoration of the rights of way/easements disturbed during construction (asphalt, sidewalk, landscaping-sod), shall be performed by the City of Miami Beach Public Works Department.

In accordance with the provision of Miami-Dade Ordinance No. 89-95 as currently in effect and as may be amended or revised in the future, the City of Miami Beach shall require all new retail users, as defined in the Ordinance, to pay the Miami-Dade County water and sewer connection charges. The City of Miami Beach shall not render water service, sewer service or both to any new retail user until a written receipt from the Miami Dade Department of Water and Sewer is provided showing that the Miami-Dade County connection charges have been paid.

"New retail user" is defined as any user who applies to a volume customer of the Department for water service, sewer service or both, or an existing user who applies for increased water service, sewer service or both.

- **(Ord.89-95) County fee must be paid prior to City of Miami Beach service connection**
- **(Water and Sewer Impact Fees are due prior to building permit issuance.**

***Permit fees and/or bond if required may apply.**

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PUBLIC WORKS PERMIT APPLICATION

APPLICANT USE ONLY	
COMPANY/INDIVIDUAL TO PERFORM WORK	JOB DESCRIPTION OF PROPOSED WORK
<input type="checkbox"/> <u>CITY SUB/CIP</u> <input type="checkbox"/> <u>F.D.O.T.</u> <input type="checkbox"/> <u>MIAMI-DADE COUNTY</u> NAME: _____ ADDRESS: _____ PHONE: _____ FAX/OFFICE: _____ EMAIL: _____	STREET ADDRESS: _____ WORK TO BE PERFORMED: _____ START OF WORK: _____ <div style="text-align: right;">MONTH.DAY.YEAR</div> EST. COMPLETION: _____ <div style="text-align: right;">MONT.DAY. YEAR</div>
OFFICE USE ONLY	RWP _____ CRANE BOND NO. _____
STANDARD REVIEW <input type="checkbox"/> LOCAL RD. \$330.00 _____ <input type="checkbox"/> COLLECTOR RD. \$440.00 _____ <input type="checkbox"/> ARTERIAL RD. \$1,029.00 _____ PRIORITY REVIEW <input type="checkbox"/> LOCAL RD. \$396.00 _____ <input type="checkbox"/> COLLECTOR RD. \$528.00 _____ <input type="checkbox"/> ARTERIAL RD. \$1,029.00 _____ PARTIAL DAY <input type="checkbox"/> LOCAL RD. \$165.00 _____ <input type="checkbox"/> COLLECTOR RD. \$220.00 _____ <input type="checkbox"/> CONSECUTIVE MULTI-DAY \$57.00 () _____ <input type="checkbox"/> BLOCKING RIGHT OF WAY (LOCAL & COLLECTOR) (_____ LF)(\$0.26)(_____ per day) _____ (_____ SQ. FT)(\$0.04)(_____ per day) _____ <input type="checkbox"/> BLOCKING RIGHT OF WAY (ARTERIAL) (_____ LF)(\$2.58)(_____ per day) _____ (_____ SQ. FT)(\$0.31)(_____ per day) _____ <input type="checkbox"/> STREET EXCAVATION 50' OR LESS \$374.00 _____ EACH ADD'L FT. \$3.14 () _____ <input type="checkbox"/> SIDEWALK REPAIR 50' OR LESS \$308.00 _____ EACH ADD'L FT. \$3.14 () _____ <input type="checkbox"/> SIDEWALK CONSTRUCTION 50' OR LESS \$308.00 _____ EACH ADD'L FT. \$3.14 () _____ SUB-TOTAL _____	<input type="checkbox"/> PAVING/RESURFACING 25' OR LESS \$308.00 _____ EACH ADD'L FT. \$6.68 () _____ <input type="checkbox"/> LINE AND GRADE SURVEY 50' OR LESS \$374.00 _____ EACH ADD'L FT. \$7.46 () _____ <input type="checkbox"/> DRIVEWAYS \$134.00 () _____ <input type="checkbox"/> FLUME (STORM SEWER) \$308.00 () _____ <input type="checkbox"/> UTILITY PLACEMENT \$308.00 () _____ ADD'L PER BLOCK \$14.93 () _____ <input type="checkbox"/> LANDSCAPING WITHIN PER TREE/BEDDING \$107.00 () _____ <input type="checkbox"/> URBAN FORESTRY APPROVAL <input type="checkbox"/> UNDERGROUND SERVICE CONNECTION EACH \$308 () _____ <input type="checkbox"/> MONITOR WELLS \$308 () _____ <input type="checkbox"/> REINSPECTION \$118.00 _____ <input type="checkbox"/> REVOCABLE PERMIT \$4,269.00 () _____ PER ADDRESS (375' R) \$0.53 () _____ <input type="checkbox"/> BLOCKING RIGHT OF WAY APP. FEE \$39.00 _____ <input type="checkbox"/> AFTER THE FACT FEE 4 () _____ <input type="checkbox"/> PERMIT EXT. (90 DAYS) \$134.00 _____ REFUNDABLE BOND: <input type="checkbox"/> 500 <input type="checkbox"/> 1K <input type="checkbox"/> 1500 <input type="checkbox"/> 2500 <input type="checkbox"/> 5K <input type="checkbox"/> 10K TOTAL _____

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ROW Permit Application Checklist

Type: Insurance Requirements

Insurance requirements for general construction/Right-of-Way permits are the following:

- Provide current copy of Certificate of Insurance Liability/Workmen's Compensation coverage to be approved by the City's Risk Management Division.
- Auto liability limits \$1,000,000
- Commercial General Liability Limits \$1,000,000
- Workmen's Compensation, if required by the State.
- All policies must be issued by companies authorized to do business in Florida with a Best Key rating of B+VI or better.
- The City of Miami Beach **must** be a CERTIFICATE HOLDER with 30-day notice of cancellation of change.
- The City of Miami Beach **must** be named as an additional insured for both General Liability and Automobile insurance.
- Provide project address, description and duration of construction activity to be performed in the description operation section of the Certificate of Insurance document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER [REDACTED]	CONTACT NAME: Leonardo Cicarelli
	PHONE (A/C, No, Ext): (305) 944-0002 FAX (A/C, No): (305) 949-1010
	E-MAIL ADDRESS: leo@alltrustfl.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Hudson Specialty Insurance Company
	INSURER B : Chartis
	INSURER C : Founders Insurance Company
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			HSGM04491	04/27/2017	04/27/2018	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Z071446802	05/13/2017	05/13/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 100,000.00 E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Miami Beach is named as additionally insured with regards to the following project:
 Project Name:
 Project Address:
 Project Description:
 Duration of Construction Activity:

CERTIFICATE HOLDER

CANCELLATION

City of Miami Beach
 1700 Convention Center Drive
 Miami Beach, FL 33139

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE