APPLICATION FOR MITIGATION

Business Name:			
Violator:			
Owner:			
Property Address:			
Special Master Case:			-
Violation Number:			-
Date of Violation:			-
Date of Compliance:			-
Explain Violation:			
Explain Basis for Mition	gation (Refer to code se	ction 30-76)	
(Attached additional she	eets if required.)		
I swear under penalty o	f perjury that the informati	on I have provid	ed is true to the best of my knowledge and
VIOLATOR OR AUTHO	ORIZED REPRESENTATI	IVE:	
Signature		Date	-
Printed Name			-
Title			-

If Building Cases, please send it to: Carmenhernandez@miamibeachfl.gov. If Code and Fire Cases, please send it to: FernandaSilva@miamibeachfl.gov.