



FIRE DEPARTMENT Fire Prevention Division
Tel: 305-673-7123

EXPEDITED INSPECTIONS AND PLAN REVIEW SERVICES REQUEST

SITE INFORMATION:

Project Name: _____

Project Address: _____ Permit #: _____

REQUEST for (circle one) **Plan Review** or **Inspection** (type of inspection) _____

Date: _____ Time allotted: _____

Contact name: _____ Phone #: _____

E-mail address: _____

Reason for request: _____

EXPEDITED INSPECTIONS/PLAN REVIEWS are performed Monday – Friday, 5:00 p.m. – 9:00 p.m. and on Saturdays based upon the availability of the inspectors. An invoice with a fee of **\$315.00** will be generated beforehand in order for the above to take place and given to the customer for payment; the paid receipt will then be attached to the request. Be advised that some inspections/plan reviews require two inspectors

THE CITY’S WEBSITE, www.miamibeachfl.gov ; Click on City Hall, Fire, Fire Prevention, New Construction Section, Expedited Fire Inspections and Plan Review Request, fill out information on form and submit.

PLEASE EMAIL THIS COMPLETED FORM TO:

For Plan Review – Tom Armstrong, TomArmstrong@miamibeachfl.gov

For Inspection – Joseph Bacallao, JosephBacallao@miamibeachfl.gov

For additional information, please call 305-673-7123.

Inspector(s) assigned: _____

Customer present during overtime must complete the section below:

Name: _____ Phone #: _____

Billing Address: _____

Start time: _____ End time: _____

The expedited inspection/plan review fee will be added to the permit/revision number.

I, _____, acknowledge and understand payment process stated above and hereby attest that work was performed within hours stated above.