



BUILDING DEPARTMENT
 444 SW 2 Avenue, 4th Floor
 Miami, Florida 33130
 (305) 416-1100

PROFESSIONAL CERTIFICATION FOR SPECIAL EVENTS (14 DAYS OR LESS)

AFFIDAVIT AND VERIFICATION FORMS

PERMIT HOLDER AND PROPERTY OWNER AFFIDAVIT:

Special Event Date: From: ___/___/___ To: ___/___/___ (14 Days or less)

Special Event Name:

Special Event Location:

I understand that under this program, the Building Official for the City of Miami 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 pursuant to the Florida Building Code and any other relevant Federal, State or Local law as required. By executing this form, I acknowledge that all facilities installed shall be removed within 7 days of the event conclusion.

Property Owner/ Tenant	Special Event Principal / Applicant	Principal Contractor
_____ _____ _____	_____ _____ _____	_____ _____ _____
State of Florida) County of Miami-Dade) SS:	State of Florida) County of Miami-Dade) SS:	State of Florida) County of Miami-Dade) SS:
The person whose signature appears above, swears or affirms they are the legal Owner/ Tenant of the above property with authority.	The person whose signature appears above, swears or affirms they are the Special Event Principal or Applicant with authority.	The person whose signature appears above, swears or affirms they are the Principal Contractor for the Special Event.
Sworn to and Subscribed	Sworn to and Subscribed	Sworn to and Subscribed
Before me by means of physical presence OR on- line notarization this ___ day of ___, 20___.	Before me by means of physical presence OR on- line notarization this ___ day of ___, 20___.	Before me by means of physical presence OR on- line notarization this ___ day of ___, 20___.
SEAL) _____	SEAL) _____	SEAL) _____
Print, Type or Stamp Name of Notary	Print, Type or Stamp Name of Notary	Print, Type or Stamp Name of Notary
_____ Personally Known _____ or Produced Identification _____ Type of Identification Produced	_____ Personally Known _____ or Produced Identification _____ Type of Identification Produced	_____ Personally Known _____ or Produced Identification _____ Type of Identification Produced



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BUILDING VERIFICATION FORM

INSTRUCTIONS

This affidavit packet shall be uploaded as part of the Special Event Permit application. The documents will include the same Life Safety plan submitted to the Office of Film and Entertainment, the location of all temporary structure(s), temporary toilets, and/or generators. Temporary structures for this affidavit are limited to tents no larger than 40x40 ft. Generators for this affidavit are limited in size no larger than 50 kva. Temporary toilets for this affidavit are allowed. The applicant is affirming that the structure(s) comply with the Florida Building Code and Florida Fire Prevention Code.

Any changes to an approved affidavit packet must be filed with the Office of Film and Entertainment for any corrections or additional requirements they may have as part of their Special Event Permit. The Building Department reserves the right to perform site inspections.

This affidavit is only applicable to projects with a Special Event Permit number issued by the Office of Film and Entertainment and City of Miami hosted events and is limited to the three work items listed below. For all below attestations, it is agreed that they shall agree to indemnify, defend (at their own cost and expense), covenant not to sue, and hold harmless the City, their respective officers, officials, employees and agents (“Indemnities”) from and against all liabilities arising out of this truncated permitting approval for purposes of the Special Event. The indemnification shall pertain to any action direct or indirect, in whole or in part, or any act, omission, default or negligence (whether active or passive) of the Indemnities. This indemnification shall survive the expiration, termination or cancellation of the Special Event / Special Event Permit and shall continue in effect until the expiration of any relevant statute of limitation. All parties are proceeding at their own risk.

REQUIREMENT

INCLUDED AS PART OF SUBMITTAL

Life Safety plan (the plan provided for the Special Event Permit may suffice).	<input type="checkbox"/> Yes
Confirmation that ADA requirements have been met, signed on page 6.	<input type="checkbox"/> Yes

THE FOLLOWING TEMPORARY STRUCTURE(S) AND ITEMS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):

<input type="checkbox"/> Tents no larger than 40x40 ft <input type="checkbox"/> Temporary Toilets <input type="checkbox"/> Generators no larger than 50 kva



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The following specialty contractors are required for this project (CHECK ALL THAT APPLY):

BUILDING

___ 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, swears or affirms they are the legal owner or authorized tenant of the above property and has reviewed and accepts the Indemnification clause on page 2 of this document.

Sworn to and Subscribed before me by means of physical presence OR on-line notarization this ____ day of _____, 20____.

(SEAL) _____

Print, Type or Stamp Name of Notary

_____ Personally Known

_____ or Produced Identification

_____ Type of Identification Produced



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PLUMBING

Contractor's Name:

Qualifier's Name:

Qualifier's Signature

___ Not Required

License No.:

Qualifier's No.:

State of Florida)

County of Miami-Dade) SS:

The person whose signature appears above, swears or affirms they are the legal owner of the above property and has reviewed and accepts the Indemnification clause on page 2 of this document.

Sworn to and Subscribed before me by means of physical presence OR on-line notarization this ____ day of _____, 20____.

(SEAL) _____

Print, Type or Stamp Name of Notary

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ELECTRICAL

___ 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, swears or affirms they are the legal owner of the above property and has reviewed and accepts the Indemnification clause on page 2 of this document.

Sworn to and Subscribed before me by means of physical presence OR on-line notarization this ___ day of ___, 20__.

SEAL) _____

Print, Type or Stamp Name of Notary

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AFFIDAVIT

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) and any other required codes, acknowledging that the Building Official will rely on the truth and accuracy of this statement. I also attest that all pertinent ADA requirements for this event/project have been met. I have reviewed and accept the Indemnification clause on page 2 of this document.

Print Name

Registration Number

Signature and Seal