



**City of Hialeah**  
501 Palm Avenue, 2<sup>nd</sup> Floor,  
Hialeah, Florida 33010  
Building Department  
Office: 305.883.5825  
Fax: 305. 883.8082  
[www.hialeahfl.gov](http://www.hialeahfl.gov)

## PROFESSIONAL CERTIFICATION FOR SHORT TERM EVENTS (30 DAYS OR LESS)

### AFFIDAVIT AND VERIFICATION FORMS

#### PERMIT HOLDER AND PROPERTY OWNER AFFIDAVIT:

**EVENT DATE: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ (30 DAYS OR LESS)**

I understand that under this program the building official for the City of Hialeah will not review the plans submitted or perform the code inspections. Instead, plan review and inspections will be performed by a Florida licensed professional engineer or registered architect of my choosing. By executing this form, I acknowledge that all facilities installed shall be removed within 7 days of the event conclusion.

#### Property Owner

\_\_\_\_\_  
**STATE OF FLORIDA  
COUNTY MIAMI DADE**

The person signing above deposes that  
she or he is the legal owner of the property.

Sworn to and subscribed before me this  
\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

#### Event Holder

\_\_\_\_\_  
**STATE OF FLORIDA  
COUNTY OF MIAMI DADE**

The person signing above deposes that  
she or he is the event holder.

Sworn to and subscribed before me this  
\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

#### Primary Contractor

\_\_\_\_\_  
**STATE OF FLORIDA  
COUNTY OF MIAMI DADE**

The person signing above deposes that  
she or he is the primary contractor.

Sworn to and subscribed before me this  
\_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

**BUILDING VERIFICATION FORM**

**INSTRUCTIONS**

Two sets of construction documents listed below must be included with the permit application. The construction documents should include a site plan showing all property lines, together with dimensions of same; all streets(s) or avenue(s) on which the property is located; the location, setback, dimensions and description of all existing buildings, light standards, driveways, customer parking area and the size, location and setback of all temporary structure(s); occupancy load of all facilities; the location and number of restroom facilities (existing or proposed.) Temporary structures include but are not limited to tents, stages, bleachers, platforms, frames or towers lighting or sound system. Plans detailing the structures must comply with the Florida Building Code and NFPA102.

Once a permit is secured, deviations from these documents during construction shall result in inspection rejection by the registered person. Any required changes must be filed with the Building Official as revisions to the permit prior to inspection approval. Revisions to the permit shall be signed and sealed by the design professional and submitted with a signed Affidavit and Verification Form prepared by the same registered person who issued the original Affidavit and Verification Form.

**REQUIREMENT**

**INCLUDED AS PART OF SUBMITTAL**

Complete plans in compliance with the Florida Building Code and section 8-10 of the code of Miami Dade County	( ) Yes
Written Approval Florida Department of Health	( ) Yes    ( ) Not Applicable
Approval from the Division of Hotels and Restaurants	( ) Yes    ( ) Not Applicable
Site plans including event & parking areas	( ) Yes    ( ) Not Applicable

**THE FOLLOWING TEMPORARY STRUCTURES AND FACILITIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

- |   |  |
|---|--|
| <input type="checkbox"/> Membrane Structures (Tents)        | <input type="checkbox"/> Enclosed Cooking Facilities     |
| <input type="checkbox"/> Stages                             | <input type="checkbox"/> Trailer/Container               |
| <input type="checkbox"/> Bleachers                          | <input type="checkbox"/> Non-Portable Ventilation System |
| <input type="checkbox"/> Tower for lighting or sound system | <input type="checkbox"/> Lift                            |
| <input type="checkbox"/> Platform                           | <input type="checkbox"/> Ramp                            |
| <input type="checkbox"/> Others Describe _____              |  |
| _____   |  |
| _____   |  |

**THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

**PLUMBING**

CATEGORY  NOT REQUIRED

Contractor's Name:

\_\_\_\_\_

Qualifier's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

License

#: \_\_\_\_\_

Qualifier Signature:

\_\_\_\_\_

**STATE OF FLORIDA COUNTY**

**OF MIAMI DADE**

The person signing above, deposes that she or he is the legal owner of the property.

Sworn to and subscribed before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

REVISED 8-11-14 BY YG

**PLUMBING: Portable Toilet**

CATEGORY  NOT REQUIRED

Contractor's Name:

\_\_\_\_\_

Qualifier's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

License

#: \_\_\_\_\_

Qualifier Signature:

\_\_\_\_\_

**STATE OF FLORIDA COUNTY**

**OF MIAMI DADE**

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Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

**THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

**ELECTRICAL: Wiring**

CATEGORY  NOT REQUIRED

Contractor's Name:

\_\_\_\_\_

Qualifier's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

License

#: \_\_\_\_\_

Qualifier Signature:

\_\_\_\_\_

**ELECTRICAL: Fire Alarm**

CATEGORY  NOT REQUIRED

Contractor's Name:

\_\_\_\_\_

Qualifier's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

License

#: \_\_\_\_\_

Qualifier Signature:

\_\_\_\_\_

**STATE OF FLORIDA COUNTY**

**OF MIAMI DADE**

The person signing above, deposes that she or he is the legal owner of the property.

Sworn to and subscribed before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

REVISED 8-11-14 BY YG

**STATE OF FLORIDA COUNTY**

**OF MIAMI DADE**

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Sworn to and subscribed before me this \_\_\_\_\_

Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

**THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

**MECHANICAL: Kitchen Hood**

CATEGORY  NOT REQUIRED

Contractor's Name:

\_\_\_\_\_

Qualifier's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

License

#: \_\_\_\_\_

Qualifier Signature:

\_\_\_\_\_

**STATE OF FLORIDA COUNTY**

**OF MIAMI DADE**

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Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

REVISED 8-11-14 BY YG

**MECHANICAL: Non-Portable Ventilators**

CATEGORY  NOT REQUIRED

Contractor's Name:

\_\_\_\_\_

Qualifier's Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

License

#: \_\_\_\_\_

Qualifier Signature:

\_\_\_\_\_

**STATE OF FLORIDA COUNTY**

**OF MIAMI DADE**

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Day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Personally Known  or I.D

**THE FOLLOWING SPECIALTY CONTRACTORS ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

**MECHANICAL: Automatic Fire Suppression**

CATEGORY

NOT REQUIRED

Contractor's Name: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

Address: \_\_\_\_\_

License #: \_\_\_\_\_

Qualifier Signature: \_\_\_\_\_

**STATE OF FLORIDA COUNTY  
OF MIAMI DADE**

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By \_\_\_\_\_

Personally Known  or I.D

**AFFIDAVIT**

The plans submitted show the architectural design and conform to the technical codes, including the Florida Building Code.

The plans conform to the laws as to egress accessibility, type of construction, and general arrangement.

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), acknowledging that the Building Official will rely on the truth and accuracy of this statement.

The plans conform to the parking requirements as set forth in the City of Hialeah Code of Ordinances, Chapter 98, Article VI, Division 10\*; or parking arrangements have been made to prevent spillover of cars outside the property boundaries.

\* Available online at [municode.com](http://municode.com)

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Print Name

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Registration Number

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Signature and Seal