City of Hialeah

501 Palm Avenue, 2nd Floor,
Hialeah, Florida 33010
Building Department
Office: 305.883.5825
Fax: 305. 883.8082
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 inspection will be performed through licensed personnel 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 must be 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):

- ☐ Membrane Structures (Tents)
- ☐ Stages
- ☐ Bleaches
- ☐ Tower for lighting or sound system
- ☐ Platform
- ☐ Others Describe _____
- ☐ Enclosed Cooking Facilities
- ☐ Trailer/Container
- ☐ Non-Portable Ventilation System
- ☐ Lift
- ☐ Ramp

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

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Sworn to and subscribed before me this _____

Day of _____ 20 _____

By _____

Personally Known ○ or I.D ○

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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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):

ELECTRICAL: Wiring

☐ **CATEGORY** ☐ **NOT REQUIRED**

Contractor's Name:

_____

Qualifier's Name:

_____

Address:

_____

License #:_____

Qualifier Signature:

_____

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 ○

ELECTRICAL: Fire Alarm

☐ **CATEGORY** ☐ **NOT REQUIRED**

Contractor's Name:

_____

Qualifier's Name:

_____

Address:

_____

License #:_____

Qualifier Signature:

_____

STATE OF FLORIDA COUNTY

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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: Kitchen Hood

☐ **CATEGORY** ☐ **NOT REQUIRED**

Contractor's Name:

_____

Qualifier's Name:

_____

Address:

_____

License #:_____

Qualifier Signature:

_____

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OF MIAMI DADE

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Day of _____ 20 _____

By _____

Personally Known ○ or I.D ○

MECHANICAL: Non-Portable Ventilators

☐ **CATEGORY** ☐ **NOT REQUIRED**

Contractor's Name:

_____

Qualifier's Name:

_____

Address:

_____

License #:_____

Qualifier Signature:

_____

STATE OF FLORIDA COUNTY

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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: 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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she or he is the legal owner of the property.

Sworn to and subscribed before me this _____
Day of _____ 20 _____
By _____
Personally Known O or I.D O

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

_____

Print Name

_____

Registration Number

_____

Signature and Seal