



City of Miami Gardens

Development Services - Building Services
 18605 NW 27th Avenue, City Hall, 1st Floor
 Miami Gardens, Florida 33056
 305-622-8027 (Office) 305-626-4220 (Fax)
www.miamigardens-fl.gov

CO/CC OR TCO/TCC APPLICATION

It has been determined by the Building Official that a Certificate of Occupancy will be required. In order to expedite that requirement, please complete and return to us the required documents signed sealed and notarized if applicable together with a signed sealed copy of your final survey and Elevation Certificate.

This office must receive these documents five (5) business days prior to the time the Certificate of Occupancy/Certificate of Completion is required. All required inspections will then be scheduled within this five (5) business day's period.

If your project includes any deadlines, which must be met, this office should be contacted at least five (5) business days prior to that date so that we can address any problems that may impact the completion of the job.

PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL APPLICABLE CONTRACTORS ARE PREPARED FOR THEIR FINAL INSPECTIONS.

Your consideration will insure a minimum of delays in this issuance of your Certificate of Occupancy.

NOTE: A Certificate of Occupancy cannot be issued if the structure does not match the approved plans on file in this office and all permit cards and inspection history must be submitted with this package, do not leave any blank spaces.

Instructions for Preparing a TCO/TCC Request

A TCO/TCC is requested when the majority of the construction is completed and only minor issues remain. The job must comply with all American with Disabilities Act (ADA) and life safety requirements. A written request must be submitted to the attention of the Building Official, Osvaldo Diaz. The letter must be typed on a General Contractor Company's letterhead and it must bear the signature of the qualifier. Requests will not be considered without the following information:

1. Include the permit number and job address.
2. State the reason for the request. Applicant must show a hardship.
3. Identify the specific area(s) included for the request, if the job is being completed in phases.
4. State the issues that are pending for final CO/CC approval.
5. State the number of days that you would need for the request.
6. Include a contact name and telephone number.
7. Include the following sentence: "We hereby hold harmless and release the Building Services Division and Miami-Dade Fire Department from any liability that may arise during the use of designated areas in the aforementioned facility while under the limitation of the Temporary Certificate of Occupancy or Temporary Certificate of Completion."
8. Include the following sentence: "We hereby certify that all means of egress shall be kept clear and accessible and that all life safety systems will be maintained and operable at all times while the building is being occupied."

Requests may be made in person or via email to icarbonell@miamigardens-fl.gov, following prior approval. If submitting via email, the letter must be scanned in order to show the qualifier's signature. Requests will not be accepted without the qualifier's signature.

Once reviewed, we will call the contact person and inform that person of the results. If approved, we will advise you of the fee and schedule the necessary inspections. It is the responsibility of the contractor to request TCO/TCC inspection(s) from the Fire Department if a fire final has not been obtained. A copy of the approved final fire inspection from the Miami-Dade Fire Department must be at the jobsite at the time of inspection. If you have any further questions, please feel free to contact the building department at 305-622-8000.

Building Official for the City of Miami Gardens



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UNIFORM MUNICIPAL CO/CC OR TCO/TCC INSPECTION REPORTING FORM

Master Permit No. _____ Miami-Dade County
 from Municipality: _____ Municipal Permit No. (MBLD): _____

Job Address: _____ Unit: _____ Project Name: _____

Qualifier's Name: _____ Qualifier's Phone: _____

Owner's Name: _____ Owner's Phone: _____

This Uniform Municipal TCO/TCC Inspection Reporting Form is used to gather trade approvals for Temporary Certificate of Occupancy (TCO) or Completion (TCC). Once validated by the Municipal Building Department personnel, the form must be present at the job site for the field inspectors. When all approvals have been obtained, take the signed form back to the Municipal Building Department for TCO/TCC issuance.

1 Form Validated by _____ Date: _____
 Bldg. Dept. Personnel: Print Name Signature

All "Required" TCO/TCC inspections indicated below must be signed "Approved" before certificate issuance.

Req'd.	Trade	Inspector's Name	Approval Signature	Date	Comments
D	Building				
D	Electrical				
D	Fire				
D	Mechanical				
D	Plumbing				
D	Public Works				
D	Zoning				
D	Other				

Important Note: The TCO/TCC is not valid and building and/or space may not be occupied unless signed by the Building Official. Occupying the building and/or space without obtaining a TCO/TCC issued by the Municipal Building Department is prohibited and is in violation of the Florida Building Code Section 110.3.

Building Official's Approval: _____ Date: _____

3 D 1st TCO/TCC D Extension TCC/TCO Duration: _____

Conditions of TCO/TCC:

- If Master Permit expires, the TCO/TCC will automatically be revoked and the space must be vacated.
- A TCO/TCC may be revoked if any action by the contractor, owner or tenant creates any code violation affecting the proper occupancy of the area.
- Any TCO/TCC that expires without renewal or has been revoked can result in a notice of violation, civil violation and/or disconnection of utility services.
- Other conditions: _____



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WE REQUIRE THE FOLLOWING INFORMATION TO DETERMINE CERTIFICATE OF OCCUPANCY

1. OWNER/TENANT/LESSEE: _____
2. APPLICANT NAME: _____
3. CONTACT TEL NO.: _____
4. PERMIT NO.: _____
5. PREVIOUS USE: _____
6. NO. OF UNITS: _____
7. CURRENT USE: _____
8. IMPACT FEES: _____
9. VALUE OF WORK: _____
10. TOTAL AREA (SQ/ FT): _____
11. OCCUPANCY LOAD: _____
12. AUTO SPRINKLER SYS: _____
13. EFFECTIVE FL BLDG CODE: _____
14. DESCRIPTION OF STRUCTURE TYPE OF WALLS & MAIN ROOF:

15. TYPE OF CONSTRUCTION (please select only one & specify)
 - a) Type I - A or B
 - b) Type II - A or B
 - c) Type III - A or B
 - d) Type IV
 - e) Type V - A or B
16. OCCUPANCY CLASSIFICATION (please select only one & specify)
 - a) Assembly: Groups A-1, A-2, A-3, A-4, A-5
 - b) Mercantile: Groups M
 - c) Business: Group B
 - d) Residential: Groups R-1, R-2, R-3, R-4
 - e) Factory and Industrial: Groups F-1 or F-2
 - f) Storage: Groups S-1, S-2
 - g) Educational: Group E
 - h) Utility & Miscellaneous: Group U
 - i) Institutional: Groups I-1, I-2, I-3
 - j) Day care: Group D
 - k) High Hazard: Groups H-1, H-2, H-3, H-4, H5

NOTE: DO NOT LEAVE ANY BLANK SPACES AND SPECIFY,
ALL ORIGINAL PERMIT CARDS MUST BE SUBMITTED WITH THIS PACKAGE.



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APPLICATION FOR FINAL INSPECTION & CERTIFICATE OF OCCUPANCY

BUILDING DEPARTMENT

Date: ___/___/___

Address of Job: _____ Permit No.: _____

Folio No.: _____ Lot: _____ Block: _____ Subdivision: _____

Note: SUBMIT COMPLETION SURVEY WITH THIS APPLICATION. If you have not taken out Social Security and Withholding Taxes for the Person's pay he is not and employee under FEDERAL LAW, and cannot be classed as DAY LABOR, and must be listed hereunder. This form is subject to inspection but the office of the Collector of Internal Revenue. All contractors and sub-contractors who have contracted work for the stipulated amount and have performed WORK ON THE JOB are as follows:

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1. Air Conditioning	_____	_____	_____
2. Cabinets	_____	_____	_____
3. Carpentry	_____	_____	_____
4. Concrete Placement	_____	_____	_____
5. Electrical	_____	_____	_____
6. Elevator	_____	_____	_____
7. Flooring	_____	_____	_____
8. Garage Doors	_____	_____	_____
9. Glassing	_____	_____	_____
10. Heating	_____	_____	_____
11. Hoist	_____	_____	_____
12. Insulation	_____	_____	_____
13. Kitchen	_____	_____	_____
14. Equipment	_____	_____	_____
15. Land Cleaning	_____	_____	_____
16. Landscaping	_____	_____	_____
17. Concrete Block	_____	_____	_____
18. Metal: Air Ducts	_____	_____	_____
19. Painting	_____	_____	_____



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Contractors and Sub-Contractors List Continues

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
20. Paving			
21. Piling			
22. Plastering			
23. Plumbing			
24. Roofing			
25. Scaffolding			
26. Septic Tank			
27. Signs			
28. Soil Compaction			
29. Solar System			
30. Sprinklers: Fire			
31. Sprinkler: Lawn			
32. Steel Contractor			
33. Surveyor			
34. Swimming Pool			
35. Acoustical Tile			
36. Well Drilling			
37. Windows:			
38. Miscellaneous			



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To: Development Services - Building Services
c/o Building Official
18605 NW 27th Ave, City Hall, 1st Floor
Miami Gardens, FL 33056

Date: ____/____/____

The undersigned hereby certify that the Building constructed under Building Permit Number: _____ has been completed in conformity with the Building Department of the City Miami Gardens under the above permit and that all changes (Revisions) in reference to this structure have been filed and accepted by the Building Review Section.

No temporary or final Certificate of Completion will be issued until this form is executed.

The owner certifies that the actual cost of construction is the same as that provided on the permit application. If not, the new cost is \$ _____.

Print Owner's Name

Signature of Owner

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed _____ day of _____, 20_____.

Personally Known To Me Or Procured Identification

Type of Identification: _____ Expiration Data: _____.

Did Take Oath Did Not Take Oath

Signature of Notary Public

Seal:

Print Qualifier's Name

Signature of Qualifier

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed _____ day of _____, 20_____.

Personally Known To Me Or Procured Identification

Type of Identification: _____ Expiration Data: _____.

Did Take Oath Did Not Take Oath

Signature of Notary Public

Seal:



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FIRE PENETRATION AFFIDAVIT

Date: ____/____/____

Reference: Permit Number: _____

Job Site Address: _____

I, _____, the qualifying agent for _____, C.C. Number _____, hereby certify that all penetrations through walls, ceilings, floors, and other barriers, resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatics, and penetrations from similar building service equipment's installed in connection with the above permit has been protected by approved materials or devices meeting the acceptance criteria AMERICAN SOCIETY FOR TESTING MATERIALS E814 and have been installed by qualified persons in accordance with manufacturer's specifications and in compliance with Florida Building Code.

Print Name and Title

Signature

Witness:

Print Name

Signature

Print Name

Signature

Acknowledgement

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed _____ day of _____, 20_____.

Personally Known To Me Or Procured Identification

Type of Identification: _____ Expiration Data: _____.

Did Take Oath Did Not Take Oath

Signature of Notary Public

Seal:

NOTE: TO BE GIVEN TO THE BUILDING INSPECTOR AT THE TIME OF THE FRAMING INSPECTION & ENGINEERING INSPECTOR AT THE TIME THE CERTIFICATE OF OCCUPANCY. _



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ENGINEERING/ARCHITECTURAL APPROVAL

Date: ____/____/____

Firm: _____

Address: _____

To: City of Miami Gardens
Building Services Division
18605 NW 27th Ave
Miami Gardens, FL 33056

To whom it may concern:

This office has inspected the job at _____ found it to have been built according to the approved plans and specifications as prepared by this office.

This building is structurally designed in accordance with good engineering and architectural practice and is in compliance in all respects with local building code requirements.

I, therefore, recommend that approval be granted and a FINAL CERTIFICATE OF OCCUPANCY be issued for the above subject premises.

Architect/Engineer Signature (Required)
<SEAL REQUIRED>



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CERTIFICATE OF OCCUPANCY CHECKLIST

Address: _____ Folio No.: _____

TCO / CO.: _____

C.O. Requirements

- ___ Final Accessibility Inspection
- ___ Final Electrical Inspection
- ___ Final Plumbing Inspection
- ___ Final Mechanical Inspection
- ___ Final Fire Inspection (Alarms & Sprinklers)
- ___ Final Building Inspection
- ___ Final Elevator
- ___ Final Engineering
- ___ Final Planning & Zoning
- ___ Final Concurrency (if you have a Zoning App)
- ___ Final Public Works
- ___ Fire Approval for CO
- ___ Chief's Final Approval Signature
- ___ Glazing Inspection (Threshold)
- ___ Concrete Test (50 CU-YD)
- ___ Final Elevation Certificate W/Pictures (2 copies)
- ___ Fire Penetration Affidavit
- ___ Soil Density Report
- ___ Insulation Certificate
- ___ Termite Treatment Certificate
- ___ Sub-Contractors List
- ___ Pile Log
- ___ Threshold/Special Inspector Log and Statement
- ___ Signed & Sealed Engineer/Architect Approval Letter
- ___ Flood proofing Certificate (2 copies)
- ___ Landscaping Architect Affidavit
- ___ Owner/Qualifier/Engineer Affidavit
- ___ Final Survey
- ___ Certificate's Fee
- ___ Water & Sewer Compliance Form 89-95
- ___ Original Permit Cards with Inspection History

T.C.O. Requirements

- ___ Partial Final Accessibility Inspection
- ___ Partial Final Electrical Inspection
- ___ Partial Final Plumbing Inspection
- ___ Partial Final Mechanical Inspection
- ___ Partial Final Fire Inspection (Alarms & Sprinklers)
- ___ Partial Building Inspection
- ___ Partial Final Elevator
- ___ Partial Final Engineering
- ___ Partial Final Planning & Zoning
- ___ Partial Final Concurrency (if you have a Zoning App)
- ___ Partial Public Works
- ___ Fire Approval for TCO
- ___ Chief's Approval Signature for TCO
- ___ Glazing Inspection (Threshold)
- ___ Concrete Test (50 CU-YD)
- ___ Elevation Certificate (2 copies)
- ___ Fire Penetration Affidavit
- ___ Soil Density Report
- ___ Insulation Certificate
- ___ Termite Treatment Certificate
- ___ Sub-Contractors List
- ___ Certificate's Fee
- ___ Water & Sewer Compliance Form 89-95
- ___ Original Permit Cards with Inspection History

NOTE: THE BUILDING DEPARTMENT HAS CREATED THIS CHECK LIST TO HELP THE APPLICANT SUBMIT THE DOCUMENTS NEEDED FOR A CO/TCO. ONLY SELECT WHAT IS APPLICABLE TO SCOPE OF WORK.

Federal Emergency Management Agency
National Flood Insurance Program

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION			For Insurance Company Use:
A1. Building Owner's Name			Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Company NAIC Number
City	State	ZIP Code	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number _____

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) _____ sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A8.b _____ sq in

d) Engineered flood openings? YES NO

A9. For a building with an attached garage, provide:

a) Square footage of attached garage _____ sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A9.b _____ sq in

d) Engineered flood openings? YES NO

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF MIAMI GARDENS # 120345		B2. County Name Miami-Dade		B3. State Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

Designation Date _____ CBRS OPA Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized _____ Vertical Datum _____

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) _____ feet meters (Puerto Rico only)

b) Top of the next higher floor _____ feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters (Puerto Rico only)

d) Attached garage (top of slab) _____ feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____ feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) _____ feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) _____ feet meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments will be provided on back of form.

Certifier's Name		License Number	
Title		Company Name	
Address	City	State	ZIP Code
Signature	Date	Telephone	

PLACE
SEAL
HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number	
City	State	ZIP Code	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments _____

Signature _____ Date _____

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ | feet | meters | above or | below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ | feet | meters | above or | below the LA
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum
- G10. Community's design floor elevation: _____ feet meters (PR) Datum

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachment

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			For Insurance Company Use: Policy Number
City	State	ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

<p style="text-align: center;">PICTURE # 1</p> <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center;">PICTURE # 2</p> <p style="text-align: center;">DATE TAKEN</p>
<p style="text-align: center;">PICTURE # 3</p> <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center;">PICTURE # 4</p> <p style="text-align: center;">DATE TAKEN</p>

Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			For Insurance Company Use: Policy Number
City	State	ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

<p style="text-align: center; font-size: 1.2em;">PICTURE # 1</p> <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center; font-size: 1.2em;">PICTURE # 2</p> <p style="text-align: center;">DATE TAKEN</p>
<p style="text-align: center; font-size: 1.2em;">PICTURE # 3</p> <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center; font-size: 1.2em;">PICTURE # 4</p> <p style="text-align: center;">DATE TAKEN</p>

*Development Services Department
18605 NW27th Ave
Miami Gardens, Florida 33169
Phone: (305) 622-8023
Fax: (305) 626- 4220
www.miamigardens-fl.gov*



Landscape Inspection Sample Narrative

1. Inspection report with pictures shall be prepared by a registered landscape architect or LIAF certified landscape inspector. The inspection report should include a walk-through landscape inspection verifying that landscape work has been completed according to approved plans and that planted material and initial maintenance operations comply with Article XIV, MINIMUM LANDSCAPE AND BUFFERING REQUIREMENTS, FENCES, WALLS, HEDGES, of the City of Miami Gardens Land Development Regulations.
2. Landscape Inspections by the Planning and Zoning Division are required on all projects. Inspections shall be made and work accepted by a City's Representative before projects can receive a Certificate of Occupancy.
3. Notification should be made by Owner's or Developer's representative, and only when landscape architect agrees that work is completed and ready for inspection. If scheduled inspection visits cannot be performed due to incomplete work, then Owner/Developer may be charged for additional time for rescheduled inspections.
4. Revisions to approved landscape plans shall be reviewed and accepted by the City before work is performed.
5. Changes in the field to approved landscape plans (materials and installation) shall be prohibited unless written approval of changes are provided by the Planning and Zoning Division. Approved field changes shall be reflected on record drawings submitted to the City at project closeout.

THE FOLLOWING SAMPLE OF INSPECTION NARRATIVE IS PROVIDED AS AN EXAMPLE FOR PURPOSES OF ILLUSTRATION ONLY AND INTENDED TO SERVE AS A GENERAL RESOURCE, NOT AS A FORM OR RECOMMENDATION.

LANDSCAPE INSPECTION

A walk-through landscape inspection was conducted on Tuesday, July 21, 2017.

The landscape work has been completed. This inspection reviewed newly planted material and initial maintenance operations.

TREES:

1. The trees are acceptable Florida Grade #1 per specifications.

PALMS:

2. Most of the palms are acceptable Florida Grade #1 with the exception of one triple Veitchia which shows severe chlorosis and must be replaced.

SHRUBS, GROUNDCOVERS AND ACCENTS:

3. All are Florida Grade #1. We are pleased to see the plantings of all the shrubs at least 2' from the buildings as shown on the details.
4. The two Coco Plum hedges on the South Side of building 2 were replaced per previous comments.

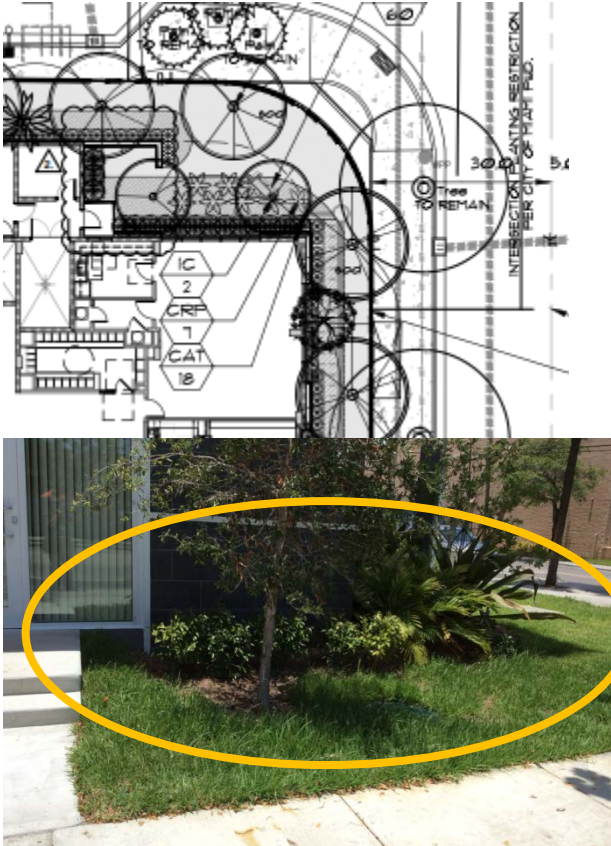


MISCELLANEOUS:

5. One Live Oak (at NE property corner) is presently obstructing a surveillance camera. Since this tree is a required Street Tree it must be relocated along N.W. 17th Ave. and not more than 7' inside of the property line.
6. Installation of sod in the street tree cut outs along NW 2ND Ave. are completed per Public Works Department comments.



7. Relocate one newly planted Live Oak to free up surveillance camera view and set back to the south from the sidewalk to the limit of the property Line to reduce blockage of the south eastern surveillance camera.
8. Planting bed at northeast corner needs to be continuous to the existing door as shown on the landscape plan (door not shown). Please continue the planting bed and plant designated groundcovers per plan.



TREE REMOVAL

Subsequent to the approved tree removal permit this is to substantiate that the conditions of the aforementioned permit (TRE #7037) including tree replacement have been completed and those trees and respective tree canopy have been planted to comply and fulfill the conditions of the permit. These were per the approved Tree Disposition and Landscape Plans as prepared by JFS Design Inc.

During the construction phase, it was noted that additional trees had to be removed as those specific trees, were not exactly per the survey provided and were either in building footprints or too close to proposed construction, i.e. footers, roadways, etc. Those trees were inventoried and removed with specific additional mitigation to fully mitigate the tree canopy and are shown as Revisions #10 and #12.

A few additional trees had also been removed during construction phase and were tabulated, inventoried and canopy mitigation was fully compensated with new tree plantings. This is shown as Revision #17 on the plans.

MAINTENANCE:

Proper maintenance, Best Management Practices (BMPs) are critical at this initial growing-in and establishment period for this property. This includes fertilization, Light trimming, irrigation wet-checks, re-mulching and re-planting of dead, damaged or similar.

The trees and palms will need 3-4 applications of granular fertilizer per year and this needs to be done as soon as possible to take advantage of the growing season. Follow-up fertilization must also be continued throughout the growing season with the appropriate granular fertilized, reducing the use of nitrogen as the season progresses.

In addition to the one palm previously indicated, some of the palms are showing slight indications of chlorosis, which can be corrected through fertilization. Please also note that the property is to be irrigated one day prior to fertilizer application and after fertilizing to prevent fertilizer root burn.

Normal maintenance procedures to include weeding and edging of the planting beds, slight tipping of the newly planted trees, removal of dead palm fronds, shaping of the shrubs and hedges as needed, re-mulching of all the planting beds (1"-2") and periodic irrigation system wet-checks. These BMP procedures should also be documented throughout the year by the appropriate responsible party.

END OF COMMENTS

JAMES F. SOCASH, RLA

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Miami Gardens, Florida 33169
Phone: (305) 622-8023
Fax: (305) 626- 4220
www.miamigardens-fl.gov



Office Use Only

Date Received: _____

Process No. _____

LANDSCAPE INSPECTION CHECKLIST

(Commercial, Industrial, Multiple Family Residential, Other Nonresidential)

PLEASE SUBMIT THIS FORM WITH THE CERTIFICATE OF LANDSCAPE COMPLIANCE PRIOR TO LANDSCAPE INSPECTION REQUEST. VERIFY THAT ALL OF THE FOLLOWING HAVE BEEN COMPLETED. WRITE N/A FOR ITEMS THAT DO NOT APPLY.

General Landscape

- All construction and installation debris have been removed
- Right of way has been restored to equal or better conditions
- Landscape area has proper drainage that prevents excess water from standing on lawn areas or around trees and shrubs
- All trees proposed to remain or to be relocated are on site in healthy, viable condition and free from impacts. Any unanticipated impacts have been presented to and accepted by the City
- Permanent irrigation systems are functioning per approved plan

Required Trees and Plant Materials

- All plant material on the approved landscape plans must be installed at the time of inspection and be in healthy, growing condition
- All trees are at minimum the sizes indicated in the approved Landscape Plan
- All trees have a single central leader unless otherwise specified
- All dead and broken branches have been pruned out
- Plants exhibit no signs of disease or infestation
- All trees are the correct species as identified on the approved Landscape Plan
- All trees are Florida Grade #1 or better using the revised Florida Grades and Standards for Nursery Plants
- Any proposed plant substitutes or plan modifications have been previously approved, in writing, by the City

Plant Installation

- Plants are correctly spaced and planted according to the approved Landscape Plan
- Plants are upright and straight
- All trees are planted at or slightly above existing grade (trunk flares exposed at grade). If planted too deep, they will have to be replanted at the correct grade
- Quality planting mix is incorporated into the soil in planting areas
- All trees have a 2-4" layer of mulch on the planting area, per the approved Landscape Plan. No mulch is touching the trunk of the tree
- Tree staking, if necessary, is properly installed in accordance with the approved Landscape Plan
- Burlap and planting baskets have been removed from top 1/3 of the rootball and lateral cuts have been made to the remaining wire basket
- All tags, labels, shipping wrap & twine has been removed from the plants
- Planting holes are at least 2 times the size of the plant rootball

Sod

- Soil is moist and shows signs of frequent irrigation
- All sod/grass is healthy and well established
- Lawn areas have no low spots, ruts, stones or debris
- Grades meet existing hardscape levels, including sidewalks, driveways and curving

Professional preparer must be a Registered Landscape Architect or an LIAF Certified Florida Landscape Inspector

I hereby certify that the provided information above is complete and accurate.

Professional Preparer's (Print Name)

Professional Preparer's Signature

Seal/Certification Number:

NOTARY of the State of Florida
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Signature of Notary Public, State of Florida