



# CITY OF MIAMI GARDENS APPLICATION FOR RE-OCCUPANCY CERTIFICATE



## PURPOSE

- Ensure that housing units are in compliance with current zoning requirements.
- Provide new buyers with re-occupancy certificate verifying that no zoning violations exist on the property.
- The City of Miami Gardens will provide a “Courtesy Sheet” identifying any outstanding code violations
- Applies to all residential units within the City of Miami Gardens.

## LEGISLATIVE AUTHORIZATION

- Ordinance 2009-04-176 (adopted by City Council on January 28, 2009)
- Effective date of this Ordinance is October 1, 2009.

To obtain a Re-Occupancy Certificate please submit the attached application, the required **non-refundable \$175.00 Certificate fee**, signed by the seller or buyer. You may drop off or mail your application along with payment to:

**City of Miami Gardens**  
**18605 NW 27 Ave**  
**Miami Gardens, FL 33056**

Upon receipt of your application the City will contact the Real Estate Agent of designated contact person on the application to schedule a date and time for the City’s Housing Inspector to gain access into the property. **Please allow 5-7 business days for your certificate to be scheduled and issued.**

If you have any questions or concerns, feel free to contact the Code Enforcement Department at Phone (305) 622-8020 or (305) 622-8000 ext. 2624. Failure to obtain the Re-Occupancy Certificate will result in fines imposed against the property.

APPLICATION ON BACK





# CITY OF MIAMI GARDENS

## APPLICATION FOR

# RE-OCCUPANCY CERTIFICATE

### PROPERTY INFORMATION

Date: \_\_\_\_\_

Folio: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ No. of Baths: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_  
 City: Miami Gardens \_\_\_\_\_ State: FL \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Closing Date: \_\_\_\_\_ Lockbox No.: (no supra) \_\_\_\_\_

### SELLER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### BUYER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### AGENT / DESIGNATED CONTACT INFORMATION (TO SCHEDULE INSPECTION)

Agency Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### SIGNATURES

Buyer or Seller's Signature: \_\_\_\_\_ Buyer or Seller's Driver's License #: \_\_\_\_\_  
 Realtor or Bank Agent Signature: \_\_\_\_\_ Realtor or Bank Agent's License #: \_\_\_\_\_