



**City of Aventura
Community Development Department
19200 West Country Club Drive
Aventura, Florida 33180
(305) 466-8942**

Local Business Tax Receipt and Declaration of Use Instructions

All business owners in the City of Aventura are required to have a Certificate of Use and a Local Business Tax Receipt before opening their business. Please complete the following and submit either by mail or in person between the hours of 8:30 a.m. and 3:30 p.m. Monday – Friday.

We do not accept applications by fax or corrected with white-out.

- 1. Local Business Tax Receipt Application:** The application must be fully completed and notarized.
 - Applicants must provide a copy of their current Fictitious Name Affidavit, and Articles of Incorporation, or Amendments to the Articles of Incorporation from the State of Florida, or a written statement signed by the applicant, stating the reason they need not comply with the Fictitious Name Act.
 - Applicants must provide a copy of their State license.
 - Applicants listing their home address as place of business must complete the Home Occupation Local Business Tax Receipt Form. (proof of residence required)
- 2. Merchants Inventory Affidavit:** Retail and Wholesale merchants must complete and notarize the enclosed affidavit.
- 3. Declaration of Use:** In order to obtain a Certificate of Use from the City, a completed and notarized Declaration of Use form must be provided including full Legal Description of the property.
- 4. Miami Dade “RER” Approval:** You need to obtain approval from the Miami Dade County Department of Regulatory & Economic Resources.
 - a. All New Business Tax Receipts, Business relocation, change of use or expansion require RER approval and Water and Sewer Notice of Compliance per Miami Dade County.
 - b. The RER department offers numerous locations where applications can submit their application for review and approval. Coral Way Office (786) 315-2800 for both RER approval and Water & Sewer only. Once completed bring into the City of Aventura for final processing along with information requested on instruction form:
 - c. **FOR RER APPLICATION PLEASE VISIT:**
<http://www.miamidade.gov/building/library/guidelines/municipal-cu-application.pdf>
<http://www.miamidade.gov/building/library/guidelines/municipal-cu-portal-guide.pdf>
PLAN STATUS & APPLICATION SUBMITTAL PORTAL:
<https://www.miamidade.gov/apps/rer/epsportal/>
or call: (786) 315-2800
- 5. Fees:** After all required reviews and inspections are approved your application will be ready for payment. Please do not send the payment until everything is approved. The Certificate of Use fee is \$35.00 and the Local Business Tax is assessed.

****If you have received a Notice of Violation from the City for not having a Local Business Tax Receipt, your complete application must be submitted within 10 working days after the date of violation or an additional violation fee will be assessed.**



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Local Business Tax Receipt Application

Date of Application: _____

Pursuant to Aventura City Code Sec 18-31(a), City of Aventura, I hereby make an application for:

New Local Business Tax Receipt Ownership Transfer Location Transfer Other Changes (specify) _____

From Aventura Business Name/Address: _____

To Aventura Business Name/Address: _____

BUSINESS INFORMATION:

Business / Professional's Name: _____ DBA: _____

Aventura Business Address: _____ Zip: _____

Business Telephone: _____ Fax: _____ Commencement Date: _____

Mailing Address: _____ Zip: _____

Corp/Owner's Name: _____ Telephone: _____

Federal Employer I.D.#: _____

Type of Business: _____ **Square Ft.** _____

Maximum Number of: Seats ___ Tanning Units ___ Room/Apartments ___ Vehicles ___ Vending Machines ___ Boat Slips ___

If you are sharing space with another Aventura Business / Professional, you must provide the current:

Name of Business: _____ Aventura Local Business Tax Account # _____

IT IS YOUR RESPONSIBILITY, AS THE TENANT OR OWNER OF THE BUSINESS; TO OBTAIN ALL NECESSARY APPROVALS AND MAKE SURE THE CERTIFICATE OF USE AND OCCUPANCY IS PAID FOR AND ISSUED, PRIOR TO OCCUPANCY. IT MUST BE POSTED ON PREMISES AT ALL TIMES. FINES WILL BE ASSESSED FOR FAILURE TO OBTAIN THE CERTIFICATE PRIOR TO OCCUPANCY.

I affirm that the information given on and with this document is true to the best of my knowledge and belief. I am authorized to represent the firm in all matters connected with this business. Any intentional misrepresentation on this application could result in the revocation of the Certificate of Occupancy and/or possible action being initiated against the business.

Signature of Authorized Representative Date

Print Name: _____

State of Florida, County of _____

Sworn to and subscribed before me this ___ day of _____ 20___,

by _____ who is personally

known to me or has produced _____ as

identification.

Notary Stamp

Notary Public Signature

OFFICE USE ONLY:

Date Received: _____ Zone: _____

Classification: _____

Local Business Tax Receipt No.: _____

Amount Due: _____

Term: 12 m 6m C/U Due: _____

Date paid: _____ Check No.: _____

Parking Ratio: _____ Number of Spaces: _____

Conditions: _____

Zoning Approval: _____

Date: _____



**City of Aventura
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**Merchants Inventory Affidavit
(October 1, 2020 thru September 30, 2021)**

THIS AFFIDAVIT MUST BE FILLED OUT AND RETURNED TO THE COMMUNITY DEVELOPMENT DEPARTMENT. OUR OFFICE REQUIRES THIS UPDATE INFORMATION EACH YEAR IN ORDER TO DETERMINE THE PROPER LOCAL BUSINESS TAX FOR YOUR BUSINESS FOR THE FORTH COMING FISCAL YEAR.

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, PERSONALLY APPEARED _____
AND ATTESTED TO THE FOLLOWING:

1. NAME OF BUSINESS: _____
2. BUSINESS ADDRESS: _____
3. BUSINESS TELEPHONE: _____ FAX: _____
4. COMPLETE CORPORATE NAME (IF APPLICABLE): _____
5. FEDERAL EMPLOYER I.D. NO: _____ SALES TAX NO: _____
6. THE OWNER(S) OF THE BUSINESS:

NAME _____ HOME ADDRESS _____

TELEPHONE NO. _____

NAME _____ HOME ADDRESS _____

TELEPHONE NO. _____

5. FULL NATURE OF BUSINESS: _____
6. THAT THE BUSINESS IS A RETAIL AND/OR WHOLESALE BUSINESS WHICH IS IN THE BUSINESS OF SELLING GOODS OR MERCHANDISE ON A RETAIL AND/OR WHOLESALE BASIS.
7. THAT THE FOLLOWING IS A REPORT OF THE PREVIOUS YEAR FIGURES OR IF A NEW BUSINESS PROJECTED FIGURES FOR THE UPCOMING YEAR, FOR THE ABOVE DESCRIBED BUSINESS, OF THE COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR COST VALUE OF CONSIGNED MERCHANDISE. IF THE BUSINESS IS NEW OR HAS BEEN IN EXISTENCE FOR LESS THAN ONE YEAR USE PROJECTED FIGURES FOR THE UPCOMING YEAR. YOU MAY USE FISCAL OR CALENDAR YEARS.

COST VALUE OF RETAIL STOCK (INVENTORY) AND/OR CONSIGNED MERCHANDISE \$ _____

CERTIFICATION

I HEREBY CERTIFY, UNDER OATH, THAT THE INFORMATION AND VALUATIONS STATED ABOVE BY ME ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF PREPARED BY SOMEONE OTHER THAN THE OWNER OF THE BUSINESS OR HIS AUTHORIZED DESIGNEE, HIS/HER DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE/SHE HAD ANY KNOWLEDGE.

SIGNED: _____ TITLE: _____ DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

SIGNATURE OF NOTARY PUBLIC

PRINT, TYPE, OR STAMP NAME OF NOTARY

STATE OF:

MY COMMISSION EXPIRES:

- PERSONALLY KNOWN TO ME, OR
 PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION _____



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(October 1, 2021 thru September 30, 2022)

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SIGNED: _____ TITLE: _____ DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

SIGNATURE OF NOTARY PUBLIC _____ PRINT, TYPE, OR STAMP NAME OF NOTARY _____

STATE OF: _____ MY COMMISSION EXPIRES: _____

- PERSONALLY KNOWN TO ME, OR
 PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION _____



**City of Aventura
Community Development Department
19200 West Country Club Drive
Aventura Florida 33180
(305) 466-8942
Declaration of Use**

Prepared by: _____

Preparer's Address: _____

In consideration of the issuance of a **Certificate of Use** for the following specific permitted use, the undersigned, Owner(s) or Lessee(s) of the property herein described, hereby agrees and binds myself, or ourselves, and my, or our heirs, successors and assigns as follows:

That the only business to be conducted on the hereinafter legally described property will be:

I acknowledge, accept, and agree to comply with any conditions of approval, which were agreed to in the form of Zoning Resolutions or Deed Restrictions on said property.

The zoning use on said property shall not be changed unless a new Certificate of Use, which allows such changed use, is first obtained from the City of Aventura Community Development Department.

Legal Description: On Lot(s) _____ Block _____ of _____

PB _____ Pg _____ of the Public Records of Miami-Dade County, Florida _____

Also known as _____ Aventura, Florida.

I hereby agree to abide by all zoning and building regulations.

This agreement is hereby made and accepted as a condition of the issuance of the above mentioned Certificate of Use. It is further understood and agreed that this agreement shall remain in full force and effect, and be binding upon the undersigned, their heirs, successors and assigns until such time as the same may be released in writing by the City Manager or his designee.

Signed, sealed, executed and acknowledged on this _____ day of _____, 20_____.

Print Name

Individual Signature

STATE OF)

COUNTY OF)

I, am an officer authorized to take acknowledgments, according to the law and duly qualified and so acting, do hereby certify that on this date appeared before me _____ to me known to be the person described in and who executed the foregoing instrument and he acknowledged to me the execution thereof to be his free act and deed for the uses and purposes therein mentioned;

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____, 20_____.

My commission expires:

Notary Public

Print Name

MUNICIPAL APPLICATION FOR CERTIFICATE OF USE/OCCUPATIONAL LICENSE

<p><i>*Section 1 & 2 must be completed prior to submittal for review accompanied with the municipal application along with the payment of the initial review fee. Submittal of application may result in further reviews and additional fees incurred.</i></p>	DATE
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SECTION 1 – BUSINESS INFORMATION (to be completed by Applicant)

SITE/BUSINESS ADDRESS	UNIT/SUITE#	PROPERTY TAX FOLIO NUMBER	
BUSINESS OWNER NAME	BUSINESS NAME OR DBA		
MAILING ADDRESS	CITY	STATE	ZIP
CORPORATE OFFICER/PARTNER/AUTHORIZED REPRESENTATIVE (NAME & TITLE)	TELEPHONE NUMBER	E-MAIL	
SQUARE FOOTAGE OF UNIT(S):	PROPOSED USE/TYPE OF BUSINESS		
<i>Please note that a lease agreement may be requested to verify square footage.)</i>	<i>Please note that some business types may require a DERM Operating Permit. To determine if your business requires an operating permit(s), please see page 2 of this application.</i>		

Signature of applicant confirms the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued.

PRINT NAME	SIGNATURE
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SECTION 2 – MUNICIPAL INFORMATION (to be completed by Municipal Official or Staff)

MUNICIPAL CERTIFICATE OF USE APPLICATION NUMBER	PREVIOUS USE/TYPE OF BUSINESS AT THIS LOCATION	DATE OF LAST APPROVAL
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Was a building permit required to establish/expand the current proposed use? YES NO *If Yes, provide the following:*

MUNICIPAL BUILDING PERMIT NUMBER	MIAMI-DADE COUNTY MUNICIPAL BUILDING APPROVAL NUMBER
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MUNICIPAL OFFICIAL PRINT NAME	TITLE
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SIGNATURE	TELEPHONE NUMBER
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Miami-Dade Fire Rescue Department
 Office of Fire Prevention
 Fire Prevention Division
 9300 N.W. 41st Street
 Doral, Florida 33178-2414
 Tel 786-331-4800 Fax 786-331-4619

Always Ready, Proud to Serve

miamidade.gov

Serving Unincorporated
 Dade County and the
 Municipalities of -

- Aventura
- Bat Harbor
- Say Harbor Islands
- Biscayne Park
- Doral
- El Portal
- Florida City
- Golden Beach
- Hialeah Gardens
- Homeside
- Indian Creek
- Lyonsdale
- Medley
- Miami Gardens
- Miami Lakes
- Miami Shores
- Miami Springs
- North Bay Village
- North Miami
- North Miami Beach
- Opa-locka
- Pinecrest
- South Miami
- Sunny Isles
- Sunrise
- Sweetwater
- Virginia Gardens
- West Miami

Dear Business Owner or Building Owner:

Welcome to Miami-Dade County and thank you for doing business in our county.

This is to notify you that you need to contact our Fire Prevention Division at (786) 331-4800 to schedule your life safety inspection that will be required before you open your doors for business and before you obtain the business tax receipt (occupational license). The life safety inspection is for the purpose of assuring that the business practices and operations within the structure conform with fire safety standards for the protection of the employee and customers of the business. This latter inspection and permitting will be required annually during your occupancy of the structure.

Section 14-53(A) of the Code of Miami-Dade County states that, "No person shall operate, utilize or occupy, or cause, allow, let, permit or suffer to be operated, utilized or occupied any facility, instrumentality or real property, in the unincorporated or incorporated areas of Miami-Dade County, which is required to obtain a permit issued by the Fire Department having jurisdiction pursuant to this article or the South Florida Fire Prevention Code without such a valid permit or in violation of any condition, limitation or restriction which is part of such a permit."

The life safety inspection will provide you with information on what may be necessary to meet fire code requirements to occupy the structure for your particular business and to provide for the safety of your employees and patrons.

Sincerely,

Chief Mart'uel C. Mena
 Fire Chief

MCM

cc: Control File





Miami-Dade Fire Rescue Life Safety Pre-Submittal Checklist



Process #	Permit #	Date: ____/____/____	YES	NO	N/A	LOCATION/COMMENTS
	Fire Department Application #					
	Project Name:					
	Address:					
1	Do your plans include all applicable information as required by NFPA 1 (2003) (A.1.14.1) And are the plans signed and sealed by a professional architect or engineer? (design professional's contact info must be legible)					
2	Are there a minimum two sets of plans being submitted (job copy and office copy)?					
3	If the submittal is for a revision, are the original job copy (or certified microfilm) and two copies of the revision being submitted?					
4	Have plans been provided with the approved "Impact Fee Stamp" (for municipalities)					
5	If plan is for new development/construction, has a "siteplan" including fire hydrant locations and fire flow, fire lanes, emergency vehicle turning radius', etc. been approved for this new development? Attach copies of approved siteplan.?					
6	Has the "water extension number" been provided for all new fire hydrants?					
7	Is there a "location plan" provided? (i.e. the area in which the scope of the work is located within a larger building)					
8	If the plan is for a new building, is the construction type identified on the plans and in accordance with NFPA 101 (8.2.1)					
9	Is the scope of the work to be performed clearly stated on the plans?					
10	Is any portion of the work being done to remedy a violation relating to construction that was originally done without a permit?					
11	Is the building provided with a fire sprinkler system and/or a fire alarm system and is that indicated on the plan? (separate plans for installation or modifications required)					
12	If submittal is for a new building with a fire sprinkler system, do the fire protection system engineering documents include all of the requirements found in the Florida Administrative Code 61G15-32.004 (2) (a) through (j)					
13	Are the existing conditions and existing construction clearly identified and distinguishable from the new construction or scope of the new work?					
14	Has the occupancy classification for the area in which the scope of the work is being conducted been identified on the plan in accordance with NFPA 101 (6.1)?					
15	Is the occupancy in which the scope of the work is being conducted separated from neighboring occupancies with the fire resistance rating prescribed by NFPA 101 (6.1.14.4.1) (IDENTIFY THE NEIGHBORING OCCUPANCIES ON THE PLAN)?					
16	Is the classification of hazard identified in accordance with NFPA 101 (6.2)?					
17	Where required, has the means of egress been separated from the rest of the building with fire resistive construction in accordance with NFPA 101 (7.1.3)					
18	Has the interior wall, ceiling, and floor finish been identified on the plans and meet the requirements of NFPA 101 (7.1.4)					
19	Is headroom within the means of egress a minimum 7'6" with projections not less than 6'8" in accordance with NFPA 101 (7.1.5)?					
20	Do changes in the means of egress not exceed 1/2" in accordance with NFPA 101 (7.1.6.2)?					
21	Do all doors in a means of egress meet the requirements of NFPA 101 (7.2.1)					
22	Do all doors in a means of egress meet the meet the minimum door width requirements of NFPA 101 (7.2.1.2.4)					
23	Are all doors in a means of egress scheduled to be equipped with locking and latching hardware that does not require a key, tool, or special knowledge or effort from the egress side. ALL DOOR HARDWARE MUST COMPLY WITH NFPA 101 (7.2.1.5)					
24	Do all doors equipped with special locking arrangements such as delayed-egress locks and access controlled egress doors comply with the requirements of NFPA 101 (7.2.1.6)					
25	Where required, are egress doors equipped with panic hardware or fire exit hardware in accordance with NFPA 101 (7.2.1.7)? Only approved panic hardware shall be used on doors that are not fire doors. Only approved FIRE EXIT HARDWARE shall be used on FIRE DOORS.					
26	Are doors that are required to be kept closed, such as doors in fire barriers and smoke barriers, self closing or automatic closing in accordance with NFPA 101 (7.2.1.8)					

Designed by: _____ Phone #: _____

Signature: _____



Miami-Dade Fire Rescue Life Safety Pre-Submittal Checklist



27	Are all stairs designed with proper tread, riser, handrail, guardrail, and all required criteria in accordance with NFPA 101 (7.2.2)	YES	NO	N/A	
28	Are all ramps designed with the proper slope, landings, handrails, guardrails and all required criteria in accordance with NFPA 101 (7.2.5)				
29	Has the number of occupants for the occupancy class been calculated and identified in accordance with NFPA 101 (7.3.1.2 Table)?				
30	Has the minimum number of exits been provided in accordance with NFPA 101 (7.4) and the occupancy chapter?				
31	Are required exits remotely located and arranged in accordance with NFPA 101 (7.5)?				
32	Is access to required exits not through kitchens, storerooms, restrooms, closets and other rooms or spaces subject to locking and all other possible impediments to egress in accordance with NFPA 101 (7.5.2)?				
33	Is the means of egress shown completely to a public way and is the means of egress "accessible" in accordance with NFPA 101 (7.5.4)?				
34	Has the measurement of travel distance for "common path", "dead end", and "travel distance to exits" been provided in accordance with NFPA 101 (7-6) and the specific occupancy requirements?				
35	Do exits discharge at a public way in accordance with NFPA 101 (7.7) OR if exits discharge through areas on the level of exit discharge are those exits in compliance with NFPA 101 (7.7.2)?				
36	Is illumination of the means of egress in accordance with NFPA 101 (7.8)?				
37	Is emergency lighting for the means of egress in accordance with NFPA 101 (7.9) and the specific occupancy requirements?				
38	Will the performance and installation of the emergency lighting system comply with the requirements of NFPA 101 (7.9.2)?				
39	Are exits and the directions to exits marked with signs that will meet the requirements of NFPA 101 (7.10) that clearly identify exits and access thereto.?				
40	Have specialty exit signs such as "exit stair door tactile signage" and "floor proximity exit signs" that may be required by 7.10.1.3, 7.10.1.6, 7.10.8 AND/OR signs required for the particular occupancy type or chapter been provided?				
41	Have occupancies and/or areas deemed to contain "High Hazard Contents" met the special requirements of NFPA (7.11) for travel distance, egress capacity, door swing, etc.				
42	Are all areas required to be separated from the remainder of the building with fire resistive construction properly identified with the hourly rating, and, has the construction method to achieve that rating also been identified in accordance with NFPA 101 (8.2 and 8.3)?(i.e., stair enclosures, corridors, exit passageways, storage areas, etc.?				
43	Are all penetrations in required smoke partitions and smoke barriers such as pipes conduits, joints, air-transfer openings, etc. protected in accordance with NFPA 101 (8.4) and (8.5)				
44	Are all vertical openings between floors protected as required by NFPA 101 (8.6)				
45	Are atriums designed in accordance with NFPA 101 (8.6.7)				
46	Are mezzanines designed in accordance with NFPA 101 (8.6.9) and the specific occupancy requirements.				
47	Do mezzanines not exceed one-third of the open area of the room in which they are located in accordance with NFPA 101 (8.6.9.2.1)				
48	Are mezzanines open to and unobstructed from the room in which the mezzanines are located in accordance with NFPA 101 (8.6.9.3)				
49	Are areas having a degree of hazard greater than that normal to the general occupancy protected in accordance with NFPA 101 (8.7).				
50	Are all cooking appliances provided with appropriate ventilation and fire suppression equipment in accordance with NFPA 101 (9.2.3)				
51	Are all interior wall, ceiling, and floor finishes detailed on the plan and in compliance with NFPA 101 (10.2)				
52	Are all contents and furnishings such as curtains, draperies, decorations, upholstered furniture and mattresses, when required by the specific occupancy, fire retardant in accordance with NFPA 101 Chapter 10				
53	Do all special structures such as towers, water surrounded structures, piers, vehicles and vessels, and underground structures meet the specific occupancy requirements and the special requirements of NFPA 101 Chapter 11?				
54	Have all hi-rise structures been provided with all the specific life-safety features required by NFPA 101 (11.8)				

Designed by: _____ Phone #: _____

Signature: _____