



CITY OF AVENTURA

Community Development Department
19200 West Country Club Drive, 4th Floor
Aventura, FL 33180
305-466-8937 | CITYOFAVENTURA.COM

APPLICATION FOR TEMPORARY OR PERMANENT CERTIFICATE OF OCCUPANCY OR COMPLETION

_____	_____	_____	_____
Date	Master Permit Number	Folio Number	Square Footage
_____		_____	_____
Job Address		Suite/Unit Number	Project Name
_____	_____	_____	
Lot	Block	Subdivision	
_____		_____	_____
Qualifier's Name		Qualifier's Phone	Qualifier's Email
_____		_____	_____
Owner's Name		Owner's Phone	Owner's Email

The undersigned applicant hereby verifies that the information above is accurate and correct. This Certificate of Occupancy is granted to the named individual for the specific building located at the aforementioned address, under the condition that the applicant shall comply with all zoning ordinances, as well as all building codes and regulations of the City of Aventura related to construction, erection, or renovation of structures. Furthermore, this certificate certifies that the electrical wiring, equipment, and plumbing work has been duly inspected and approved.

1. Applicant or Qualifier Validation:

_____	_____	_____
Print Name	Signature	Date

2. Office Use Only:

<input type="checkbox"/>	TCO Number: _____	
<input type="checkbox"/>	C/O Number: _____	Fee: _____
<input type="checkbox"/>	TCC Number: _____	Interim Fee: _____
<input type="checkbox"/>	C/C Number: _____	Total Due: _____

Approved Use for Occupancy: _____

Remarks: _____

Inspection Finals

Trade	Yes	No
Zoning		
Building		
Mechanical		
Electrical		
Plumbing		
Public Works		
Landscaping		
Fire		
Fire Sprinkler		

Customer Service Representative

CITY OF AVENTURA

SAMPLE – CONSTRUCTION AFFIDAVIT

THIS DOCUMENT MUST BE PREPARED ON STATIONARY WITH THE PERMIT HOLDER LETTERHEAD BY THE PERMIT HOLDER OF RECORD.

(DATE)

City of Aventura
Community Development Department
19200 West Country Club Drive, 4th Floor
Aventura, FL 33180

Re: (OWNER'S NAME)
(PROJECT ADDRESS)
(PERMIT NUMBER)
(CONTRACTOR'S NAME)

Dear (BUILDING OFFICIAL'S NAME):

I (PERMIT HOLDER) hereby certify that to the best of my knowledge, belief and professional judgement, the structure (s) is in compliance with the approved plans and other approved documents. I also attest that to the best of my knowledge, belief and professional judgement the approved permit plans represent the as-built condition of the structure and that those inspections which are required to be performed by the Building Official for the work involved have been performed in accordance with Section 105 of the Florida Building Code.

This document is being prepared in accordance with Section 105 of the Florida Building Code and is being submitted to the City of Aventura, Building Division at the time of the final inspection for the above referenced structure.

Should you have any questions or need additional information, please do not hesitate to contact me at (INSERT PHONE NUMBER) or by (INSERT EMAIL).

Sincerely,

(Qualifying Agent)

(Signature of Qualifying Agent)

Acknowledgement

State of _____ County of _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of:

Physical presence or Online notification, this _____ day of _____,
_____, by _____ who is:

Personally Known to me, or Produced Identification _____
Type of Identification

Signature of Notary Public

Notary Stamp:



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FIRE PENETRATION AFFIDAVIT

Permit No.: _____

Job Address: _____

I, _____, the qualifying agent for _____,
 CC No. _____ 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, pneumatic ducts, and
 penetrations from similar building service equipment installed in connection with the above permit have been
 protected by approved materials or devices meeting the acceptance criteria of the AMERICAN SOCIETY FOR
TESTING MATERIALS E814 and have been installed by qualified persons in accordance with the manufacturers'
 specifications and in compliance with the Florida Building Code.

 Print Name and Title

 Signature

Witness:

 Print Name

 Signature

 Print Name

 Signature

Acknowledgement

State of _____ County of _____

The foregoing instrument was acknowledged before me, the undersigned Notary Public, by means of:

Physical presence or Online notification, this _____ day of _____,
 _____, by _____ who is:

Personally Known to me, or Produced Identification _____
 Type of Identification

 Signature of Notary Public

Notary Stamp:



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**CERTIFICATION OF PREVENTATIVE SUBTERRANEAN
TERMITE SOIL TREATMENT
TERMITE DAMAGE PREVENTION
ORDINANCE 2000-07
FLORIDA BUILDING CODE SECTION 104.2.6**

Date Master Permit Number Folio Number Square Footage

Job Address Suite/Unit Number Project Name

Lot Block Subdivision

Developer Name General Contractor Name

Owner Name

	<u>Square Footage</u>	<u>Date of Treatment</u>
Main	_____	_____
Garage	_____	_____
Porches	_____	_____
Pool	_____	_____
Patio	_____	_____

Material Used and Type of Treatment

Comments

CERTIFICATION

Name of Pest Control Contractor Signature

State License Number

Note: This form must be completed and filed with the City of Aventura Building Official before a Certificate of Occupancy can be issued.



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INSULATION CERTIFICATE

Master Permit Number: _____ Project Name: _____

Job Address: _____

Statement of Compliance

We, the undersigned, hereby certify that the THERMAL INSULATION has been installed in the above referenced project, in compliance with the latest edition of the STATE OF FLORIDA ENERGY CODE, the APPROVED ENERGY CALCULATIONS and Plans, and in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Check only applicable boxes)

1) Exterior CBS Walls Insulation: R- _____ (Min.): Material: _____
▪ Thickness: _____ inch(es); Density: _____ lb./ft.: Mfgr. _____

2) Exterior Frame Metal Stud Walls: R- _____ (Min.): Material: _____
▪ Thickness: _____ inch(es); Density: _____ lb./ft.: Mfgr. _____

3) Exterior solid concrete walls: R- _____ (Min.)

4) Interior walls separating A/C from non-A/C spaces insulation:
▪ R- _____ (Min.); Material: _____ Thickness: _____ Inch(es):
Density: _____ lb./ft.: Mfgr. _____

5) MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY:

The COMMON (Party) walls separating different tenants shall be insulated as follows:

FRAME/METAL STUD WALL R-11 (Min.): CBS or Concrete walls R-3 (Min.) by Energy Code requirements. See ENERGY CODE, Rev. 1/87, paragraph 903.2(b), on page 9-17, latest edition. These "minimums levels of insulation" are not included in the Energy Calculations, but shall be installed in the field.

6) Above deck type- ROOF INSULATION: R- _____ (min.): Material: _____
▪ Thickness: _____ inch(es); Density: _____ lb./ft.: Mfgr. _____

7) Ceiling insulation: R- _____ (min.); Material: _____
▪ Thickness: _____ inch(es); Density: _____ lb./ft.: Mfgr. _____

8) **NOTE:** Densities of sprayed-on, loose fill, or any other composed-on-site insulation shall be the P.C.F. (lb./ft.3) average of three (3) "DRY SAMPLES" of actual installation.

Insulation Company Name

Insulation Contractor Signature

Insulation Contractor CC Number

Certification Date

Building Contractor Name

Building Contractor Signature

Building Contractor CC Number

Certification Date

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

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: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number			B2. County Name		B3. State
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: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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 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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: _____ Vertical Datum: _____

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | |
|---|-------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

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.*

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

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

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

Comments (including type of equipment and location, per C2(e), if applicable)

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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 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, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 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 or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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 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–G10. In Puerto Rico only, enter meters.

- 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–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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- 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 Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

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

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Photo One

Photo One Caption

Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

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

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo Three

Photo Three Caption

Photo Four

Photo Four Caption