

City of Miami Office of Zoning 444 S.W. 2nd Avenue, 2nd Floor, Miami, FL 33130 Telephone No. 305.416.1499

INDEMNIFICATION/HOLD HARMLESS AFFIDAVIT

	DATE APPROVED:
D A T	City Manager or Designee
DAT	E:
RE: F	PROPERTY(S) LOCATED AT:
TO:	CITY OF MIAMI, FLORIDA ATTN: ZONING ADMINISTRATOR 444 SW 2 AVENUE 2 nd FLOOR MIAMI, FL 33130
FRO	M: Legal owner of the above property.
Furth	andersigned hereby affirms that he/she is the legal owner of the above-referenced property. ermore, the undersigned hereby acknowledges that he/she has heretofore made cation(s) for and received approval from the City of Miami, Florida, for the following:
Temp	orary Permit # PZOn//2024 by <u>Office of Zoning</u> (City dept. / City commission)
Florio	nnection with the foregoing, the undersigned is hereby requesting the City of Miami, da, to issue a building permit(s) for the construction of the following described evement(s) on the property prior to the expiration of the deadline for the applicable appeal d:
	undersigned understands that in connection with the above–referenced property the cable appeal period deadline(s) for the above mentioned approval(s) is/are as follows: / 2024.



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Permit # PZ-

In consideration of the City of Miami, Florida agreeing to issue a building permit(s) to the undersigned as herein requested, the undersigned agrees as follows:

- a) Pay all actual or estimated permit costs and other applicable City regulatory fees associated with the improvements requested to be built prior to issuance of any building permits by the City of Miami;
- b) Acknowledge he/she is proceeding at his/her own risk and hereby agrees to assume all responsibility and to indemnify, defend, and hold harmless the City, its officers, agents, and assigns in connection herewith;
- c) Immediately cease all construction on the property if an appeal is filed within the above stated appeal period;
- d) Acknowledge that the City may impose conditions on approval which are required by State, County, or City laws and regulations that are otherwise necessary to ensure the public health, safety, and welfare of the citizens of the City of Miami, Florida; and that the City may enforce the terms of this affidavit by its issuance of the building permit(s);
- e) Acknowledge that the issuance of building permit(s) to the undersigned is not a grant of any vested right whatsoever for use, or completion of construction on the property; and
- f) Indemnify, defend, and hold harmless the City, its officers, agents, and assigns from any claims, demands, liabilities, losses, causes of action of any nature whatsoever arising out of or in connection with the permit(s) issued or any part thereof, from and against all costs, fees, expenses, liabilities, any orders, judgments, or decrees which may be entered, and from and against all costs for attorneys' fees, expenses and liabilities incurred in the defense of such claim or in the investigation thereof.



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Print Owner's Name	
Owner's Signature	
(STATE OF FLORIDA COUNTY OF MIAMI-DADE)	
The undersigned instrument was acknowledge 2024. He /she has personally appeared before a as identification and did (did	me and is known to me or has produced
	Name:
	Notary Public –State of Florida Commission no:
	My commission expires:



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FIRE DEPARTMENT QUESTIONNAIRE – Please answer all of the questions below so that the Fire Department can review the application.

1.	Yes \square No \square
2.	Did they provide a site plan and location sketch? Yes□No□
3.	Did they provide detailed dimensioned plans including elevations? Yes \square No \square
4.	Do the plans clearly identify the number and arrangement of exits including windows and doors? Yes \square No \square
5.	Did they provide flame spread certification? Yes□No□
6.	Are dimensions and words on the plans large enough to read? Yes□No□
7.	Are the plans at least $1/8$ " or $1/4$ " scale? Yes \square No \square