MIAMIBEACH
City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

FIRE DEPARTMENT Fire Prevention Division
Tel: 305-673-7123 , Fax: 305-673-1085

EXPEDITED INSPECTIONS AND PLAN REVIEW SERVICES REQUEST

SITE INFORMATION:
Project Name: _____

Project Address:_____Permit#:_____
REQUEST for (circle one) Plan Review or Inspection (type of inspection)_____
Date:_____ Time allotted: _____

Contact name: _____ Phone#/Fax#:_____
E-mail address:_____
Reason for request:_____

ENHANCED INSPECTIONS are performed Monday – Friday, 4:00 p.m. – 8:00 p.m. and on Saturdays based upon the availability of the inspectors. A rate of $150.00 per hour is the fee for enhanced inspections. Be advised that some inspections require two inspectors. Also, a minimum of thirty minutes travel time fee of ($75.00) will be added to the total fee.

ENHANCED PLAN REVIEW requires **two** plans analysts for the review at a rate of $150.00 per hour, per person. Enhanced review is available Monday – Friday, 4pm – 8 pm and on Saturdays depending on personnel availability.

IF INSPECTION OR PLAN REVIEW RUNS OVER FIFTEEN MINUTES IT WILL BE ROUNDED TO THE NEXT HOUR.
FAILURE TO REQUEST AN ENHANCED INSPECTION/PLAN REVIEW 24 HOURS IN ADVANCE WILL RESULT IN A FEE OF 4 TIMES THE REGULAR FEE PER INSPECTOR PLUS THE OVERTIME FEE.

PLEASE FAX THIS COMPLETED FORM BACK TO 305-673-1085 OR SEND VIA THE CITY'S WEBSITE, www.miamibeachfl.gov ; Click on Public Safety, Fire Department, Fire Prevention, fill out information on form and submit. For additional information, please call 305-673-7123.

Inspector(s) assigned:_____

Customer present during overtime must complete the section below:

Name:_____ Phone#:_____

Billing Address:_____
_____

Start time:_____ End time:_____

Customer will receive an invoice from the Finance Department via U.S. mail. Customer must send payment to the address shown on the invoice to the Finance Department or take invoice to the Cashier's Office on the first floor of City Hall. Additional overtime will not be approved until payment is received.

Total amount due:_____
I, _____, acknowledge and understand payment process stated above and hereby attest that work was performed within hours stated above.