

MIAMIBEACH

PLANNING DEPARTMENT

CITY OF MIAMI BEACH, 1700 CONVENTION CENTER DRIVE, 2ND FL., MIAMI BEACH, FLORIDA
33139 TEL: (305) 673-7550

EXPEDITED PLAN REVIEW:

THIS FORM SHALL ONLY BE USED TO REQUEST EXPEDITED PLAN REVIEW FOR THE PLANNING DEPARTMENT (ZONING & LANDSCAPE). REQUEST FOR EXPEDITED REVIEW BY ALL OTHER DISCIPLINES MUST BE SUBMITTED DIRECTLY TO THEIR RESPECTIVE DEPARTMENT.

PLEASE NOTE NOT ALL PERMITS ARE ELIGIBLE FOR EXPEDITED REVIEW, INCLUDING RE-APPROVALS AND PERMITS THAT ARE WITHIN 5 DAYS OF APPROVAL DUE DATE.

Expedited Permit Review requests submitted by applicants are subject to review fees regardless of the results of the review, including: pass, fail, or not-required. Fees are not refundable.

APPLICANT INFORMATION

NAME OF REQUESTOR: _____

DATE: _____ PROPERTY ADDRESS: _____

PLAN CASE/ PERMIT NUMBER _____ BILLING ADDRESS: _____

PHONE: _____ REQUESTOR EMAIL ADDRESS: _____

NAME OF OWNER (IF NOT REQUESTOR): _____

OWNER EMAIL ADDRESS: _____

TERMS

1. REQUEST FOR EXPEDITED PLAN REVIEW DOES NOT GUARANTEE A REVIEW DATE.
2. THE EXPEDITED PLAN REVIEW FEE FOR THE PLANNING DEPARTMENT IS **\$663**.
3. THE EXPEDITED PLAN REVIEW WILL COMMENCE AFTER THE REVIEW FEE IS PAID IN FULL AND PAYMENT IS CONFIRMED.
4. THE DEPARTMENT WILL MAKE EVERY EFFORT TO PROCESS REQUESTS RECEIVED WITHIN 24 HOURS (BUSINESS DAYS) CONTINGENT UPON REVIEWER AVAILABILITY.
5. REVIEW WILL NOT BEGIN UNTIL PLANS ARE AVAILABLE AND WORKFLOW IS OPEN.

SIGNATURE: _____

YOUR SIGNATURE SERVES TO CONFIRM THAT YOU UNDERSTAND AND ACCEPT THE TERMS LISTED ABOVE.

THE REQUEST FORM MUST BE FILLED OUT AND SIGNED AND SUBMITTED TO THE PLANNING DEPARTMENT VIA EMAIL TO LETTYDUCOS@MIAMIBEACHFL.GOV

OFFICIAL USE ONLY	
ZONING REVIEWED BY:	REVIEW DATE:
LANDSCAPING REVIEWED BY:	REVIEW DATE:
SUBMITTAL DATE:	FAD:
PREVIOUSLY REVIEWED BY:	INVOICE NUMBER:
NOTES:	Paid:
	EXP FORM 10-2024