



**City of Sunny Isles Beach
Code Compliance Department**

18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160
Phone: (305) 792-1705 Fax: (305) 792-1569

Application for Extended Construction Hours

**Must be submitted at Least Ten (10) Calendar Days Prior to Occurrence of the Activity/Up to 6 Months
Non-Refundable \$75.00 Application Fee**

| | | | | |
|--|------------------|--------------------|--|--------------|
| Property Owner's Name | | Phone# | | Fax# |
| Address | City | State | Zip | Email |
| Construction Company Authorized Agent: | | Phone# | | Fax# |
| Address | City | State | Zip | Email |
| PROJECT NAME: | | | | |
| Address | City | State | Zip | Email |
| Description of Work: Attach List of Items: | | | | |
| Start Time: | End Time: | Start Date: | End Date: | |
| Days of the Week | | | | |
| FOR OFFICE USE ONLY/ APPROVALS | | | | |
| Clay Parker, Building Official | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments | | Approved by: | | Date: |
| Julio Davila, Code Compliance Department Manager | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments | | Approved by: | | Date: |
| Terms and Conditions for Approval | | | | |
| 1) Notify the office of Code Compliance Department two weeks in advance of all requests for extended concrete pours 2) The Developer must assign an on-site representative to provide immediate resolution for noise complaints 3) The extended hours of construction shall not have an adverse effect on adjacent property owners as defined by the City Manager 4) Include letters, and proof of service, to contiguous Condominium Associations. 5) Any cost incurred by the City to accommodate a request to extend construction hours will be billed to the Developer 6) In case a scheduled extension of hours is canceled and rescheduled, additional 3 hours minimum fees will be charged 7) The landscape buffer area between the street and construction fence must be kept in pristine state. 8) Please notify the Code Compliance Department, in writing and on a weekly basis, of the specific days when a pour will take place 9) Any police/lifeguard/fire personnel requirement must be paid in advance. | | | | |
| Notarized Signature of Applicant | | | Notarized Signature of Responsible Agent | |
| <input checked="" type="checkbox"/> Signature of Applicant | | | <input checked="" type="checkbox"/> Signature of Responsible Party | |
| Date | | | Date | |
| Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____ | | | Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____ | |
| Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) | | | Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) | |
| Notary Public _____ My Commission Expires | Notary Stamp | | Notary Public _____ My Commission Expires | Notary Stamp |