



# City of Miami Gardens

Building Services Division  
1515 N.W. 167<sup>th</sup> Street, Bldg. # 4, Suite # 180  
Miami Gardens, Florida 33169  
305-622-8027 (office) 305-622-8557 (fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## OWNER-BUILDER AFFIDAVIT

NAME OF OWNER-BUILDER: \_\_\_\_\_

LEGAL DESCRIPTION/ADDRESS \_\_\_\_\_

- \_\_\_\_\_ 1 I am personally responsible for knowledge of all applicable laws and regulations.
- \_\_\_\_\_ 2 I will personally reside in the house after completion and the issuance of a Certificate of Occupancy.
- \_\_\_\_\_ 3 Neither I, nor any member of my immediate household family, have made an application for, or have been issued either an Owner-Builder permit or a Certificate of Occupancy based upon an Owner-Builder permit (for a single family residence) within the past three (3) years.
- \_\_\_\_\_ 4 I will be on the premises either supervising or performing the actual work at all times. I will submit an accepted form of identification upon request by the Building Division's agent.
- \_\_\_\_\_ 5 I understand that if an inspection is not approved after three attempts, the Inspector may place a Stop Work Order on the on the job; and will require for a licensed contractor complete the work.
- \_\_\_\_\_ 6 I understand that any person whom I may wish to hire to aid me in the construction of my home, except common laborers, must hold a valid Miami-Dade County Certificate of Competency or be a State licensed contractor. All employees hired by me shall be covered by Workers Compensation Insurance. (Typically home-owner's insurance does not provide this coverage; please check with your insurance carrier)
- \_\_\_\_\_ 7 I understand all the requirements and responsibilities involved in obtaining an owner-builder permit.

I have read and understood the foregoing disclosure, and am aware of my responsibilities and liabilities under my application for a building construction work on the above-described property. I further understand that failure to comply with all the required regulations may cause the revocation and/or denial of the permit and/or certificates of occupancy/completion.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

State of Florida, County of Miami-Dade

Sworn and subscribed to me \_\_\_\_\_  
Day Month Year Notary's Signature

Personally Known or ID \_\_\_\_\_ Seal:  
Type Expiration Date