



**MINIMUM INSPECTION PROCEDURAL GUIDELINES
 FOR BUILDING ELECTRICAL RECERTIFICATION**

CASE REFERENCE NUMBER:

LICENSEE NAME: _____

TITLE: _____

JURISDICTION NAME:

ADDRESS: _____

SIGNATURE: _____

***Use separate sheets for additional responses by referencing the report number.**

1. DESCRIPTION OF BUILDING	
a. Name on Title:	
b. Building Street Address:	Bldg. #:
c. Legal Description:	Attached: <input type="checkbox"/>
d. Owner's Name:	
e. Owner's Mailing Address:	
f. Folio Number of Property on which Building is Located:	
g. Building Code Occupancy Classification:	
h. Present Use:	
i. General Description of building (overall description, structural systems, special features):	
j. Number of Stories:	k. Is this a Threshold Building as per 553.71(12) F.S. (Yes/No):
l. Provide an aerial of the property identifying the building being certified on a separate sheet. Attached: <input type="checkbox"/>	
m. Additional Comments:	

2. INSPECTIONS

a. Date of Notice of Required Inspection:

b. Date(s) of actual inspection:

c. Name and qualifications of licensee submitting report:

d. Are Any Electrical Repairs Required? (YES/NO):

1. If required, describe, and indicate acceptance:

e. Can the building continue to be occupied while recertification and repairs are ongoing? (YES/NO):

1. Explanation/Conditions:

3. ELECTRICAL SERVICE

PROVIDE PHOTO

a. Size: Voltage () Amperage () Type: Fuses () Breakers ()

b. Phase: Three-Phase () Single Phase ()

c. Condition: Good () Fair () Needs Repair ()

Comments:

4. METERING EQUIPMENT

PROVIDE PHOTO

1. Clearances: Good () Fair () Needs Correction ()

Comments:

5. ELECTRIC ROOMS			PROVIDE PHOTO
1. Clearances:	Good (<input type="radio"/>)	Fair (<input type="radio"/>)	Needs Correction (<input type="radio"/>)
Comments:			

6. GUTTERS			PROVIDE PHOTO
1. Location:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	
2. Taps and Fill:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	
Comments:			

7. ELECTRICAL PANELS			PROVIDE PHOTO
1. Panel # ()	Location:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)
2. Panel # ()	Location:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)
3. Panel # ()	Location:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)
4. Panel # ()	Location:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)
5. Panel # ()	Location:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)

Comments:

8. BRANCH CIRCUITS PROVIDE PHOTO

1. Identified: Yes () Must be Identified ()

2. Conductors: Good () Deteriorated () Must be Replaced ()

Comments:

9. GROUNDING OF SERVICE PROVIDE PHOTO

Good () Needs Repair ()

Comments:

10. GROUNDING OF EQUIPMENT PROVIDE PHOTO

Good () Needs Repair ()

Comments:

11.SERVICE CONDUIT/RACEWAYS

PROVIDE PHOTO

Good ()

Needs Repair ()

Comments:

12.GENERAL CONDUIT/RACEWAYS

PROVIDE PHOTO

Good ()

Needs Repair ()

Comments:

13.WIRE AND CABLES

PROVIDE PHOTO

Good ()

Needs Repair ()

Comments:

14.BUSWAYS

PROVIDE PHOTO

Good ()

Needs Repair ()

Comments:

15.THERMOGRAPHY INSPECTION RESULTS	PROVIDE PHOTO
(ADD SHEETS AS REQUIRED)	
Comments:	

16.OTHER CONDUCTORS	PROVIDE PHOTO
Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)
Comments:	

17.TYPES OF WIRING METHODS	PROVIDE PHOTO		
1. Conduit Raceways Rigid:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	N/A (<input type="radio"/>)
2. Conduit PVC:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	N/A (<input type="radio"/>)
3. NM Cable:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	N/A (<input type="radio"/>)
4. Other:	Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	N/A (<input type="radio"/>)
a. Other Wiring (Specify):			
Comments:			

18.EMERGENCY LIGHTING	PROVIDE PHOTO	
Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>)	N/A (<input type="radio"/>)
Comments:		

19. BUILDING EGRESS ILLUMINATION	PROVIDE PHOTO
Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>) N/A (<input type="radio"/>)
Comments:	

20. FIRE ALARM SYSTEM	PROVIDE PHOTO
Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>) N/A (<input type="radio"/>)
Comments:	

21. SMOKE DETECTORS	PROVIDE PHOTO
Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>) N/A (<input type="radio"/>)
Comments:	

22. EXIT LIGHTS	PROVIDE PHOTO
Good (<input type="radio"/>)	Needs Repair (<input type="radio"/>) N/A (<input type="radio"/>)
Comments:	

23. EMERGENCY GENERATOR	PROVIDE PHOTO
Good (<input type="radio"/>) Needs Repair (<input type="radio"/>) N/A (<input type="radio"/>)	
Comments:	

24. WIRING IN OPEN OR UNDER COVER PARKING GARAGE AREAS	PROVIDE PHOTO
Good (<input type="radio"/>) Requires Additional Illumination(<input type="radio"/>) N/A (<input type="radio"/>)	
Comments:	

25. OPEN OR UNDER COVER PARKING GARAGE AND EGRESS ILLUMINATION	PROVIDE PHOTO
Good (<input type="radio"/>) Requires Additional Illumination(<input type="radio"/>) N/A (<input type="radio"/>)	
Comments:	

26. SWIMMING POOL WIRING	PROVIDE PHOTO
Good (<input type="radio"/>) Needs Repair (<input type="radio"/>) N/A (<input type="radio"/>)	
Comments:	

27.WIRING TO MECHANICAL EQUIPMENT

PROVIDE PHOTO

Good ()

Needs Repair ()

N/A ()

Comments:

28.ADDITIONAL COMMENTS

Reset Form

CERTIFICATION OF COMPLIANCE WITH PARKING LOT GUARDRAILS

Re: Case No. _____ FYear _____
Property Address: _____, Bldg. No.: _____, Sq. Ft.: _____
Building Description: _____

I am a Florida registered professional engineer architect with an active license.

On _____ 20____, I inspected the parking lots servicing the above referenced building for compliance with Section 8C-6 and determined the following (check only one):

- The parking lot(s) is not adjacent to or abutting a canal, lake, or other body of water.
- The parking lot(s) is adjacent to or abutting a canal, lake or other body of water and parked vehicles are protected by a guardrail that complies with Section 8C-6 of the Miami- Dade County Code.
- The parking lot(s) is adjacent to or abutting a canal, lake or other body of water and parked vehicles **are not** protected by a guardrail that complies with Section 8C-6 of Miami-Dade County Code. I have advised the property owner that he/she must obtain a permit for the installation of the guardrail and obtain all required inspection approvals to avoid enforcement action.

Signature and Seal of Architect or Engineer

Print Name

Date



BUILDING DEPARTMENT
6601 MAIN STREET
Miami Lakes, Florida 33014
305-827-4015
BUILDINGDEPARTMENT@MIAMILAKES-FL.GOV

**CERTIFICATION OF COMPLIANCE WITH PARKING LOT ILLUMINATION
STANDARDS IN CHAPTER 8C-3 OF THE CODE OF MIAMI-DADE COUNTY**

Date: _____

Case No. _____ FYear _____

PropertyAddress: _____, Bldg. No.: _____, Sq. Ft.: _____

Folio Number: _____

Building Description: _____

1. I am a Florida registered professional engineer architect with an active license.
2. On, 20 _____ at _____ AM PM, I measured the level of illumination in the parking lot(s) serving the above referenced building.
3. Maximum _____ foot candle
Minimum _____ foot candle
Maximum to Minimum Ratio _____ : _____, foot candle
4. The level of illumination provided in the parking lot meets does not meet the minimum standards for the occupancy classification of the building as established in Section 8C-3 of Miami-Dade County Code.

Signature and Seal of Professional

Print Name Engineer or Architect