



BUILDING DEPARTMENT

1700 Convention Center Drive, 2nd Floor
Miami Beach, FL 33139
Phone: (305) 673-7610 Fax: (305) 673-7857

Owner/ Qualifier / Contractor Estimate Construction Cost Affidavit (To be submitted for the main/master permits or the stand alone permits)

Permit Number: _____

Date: _____

Job Address: _____

Folio No.: _____

The construction cost should include the work under the main Permit and all associated permits.

Part I: FEMA 50% Related Construction Cost

Items to be excluded from Estimate Construction Cost for Part I (FEMA 50% Related Construction Cost):

Plan and Specification, Survey Cost, Permit Fees, Swimming Pools, detached structures (garages, storages, cabanas), Landscaping, Fences, Yard light , Not Built-ins Appliances and Furniture.

Estimated Construction Cost	General Contractor Cost	Owner Cost
Demolition & Removal		
Building & Structural Elements		
Roofing		
Doors & Windows		
Railing		
Interior Finish, Floor Covering, Painting		
Cabinets and Furniture-Built-Ins		
Appliances-Built-Ins		
Other Building related Items		
Electrical including Fixtures		
Elevator		
Mechanical-HVAC-equipments		
Plumbing including Fixtures		
Overhead and Profit		
Sub Total Construction Cost	\$	\$
Sub Total Construction Cost Estimate for FEMA 50% Rule Purposes	\$	



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Part II: Non Related FEMA 50% Construction Cost

Estimated Construction Cost	General Contractor Cost	Owner Cost
Swimming Pools		
Fences, Pavers, Sidewalks, Site Improvements		
Yard Light		
Other and detached: garages, storage and cabanas		
Sub Total Cost	\$	\$
Sub Total Construction Cost Estimate for non FEMA 50% Rule Purposes	\$	

Part III: Total Construction Cost (Note: The construction cost will be validated by Plan Examiners)

Estimated Construction Cost	
Sub Total Construction Cost Estimate for FEMA 50% Rule Purposes-Part I	\$
Sub Total Construction Cost Estimate for Non FEMA 50% Rule Purposes- Part II	\$
Total Construction Cost Estimate. (Add Part I and Part II of Construction Cost)	\$

Part IV: Signature Required

If the improvements cost will increase at any point during the proposed construction, It is Owner and the Contractor of Record responsibility to submit the revised improvements cost to the Building Department for review and approval.

Signature of Owner

STATE OF FLORIDA
COUNTY OF _____

Sworn to and Subscribed before me this _____ day of _____, 20____, by:

[] Personally known [] Produced Identification - Type of

Identification _____

Signature of Notary Public



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Signature of Qualifier / Contractor

STATE OF FLORIDA

COUNTY OF _____

Sworn to and Subscribed before me this _____ day of _____, 20____, by:

[] Personally known [] Produced Identification - Type of

Identification _____

Signature of Notary Public

Part V: Building Department Use Only

A	Sub Total Construction Cost Estimate for FEMA 50% Rule Purposes.	\$
B	Over Five Year Improvements	\$
C	Total Improvements	\$
D	Building Tax Assessed Value	\$
E	Building Appraised Market Value	\$
F	Improvements Cost Ratio (C/E or C/D)	%

If improvements cost exceed 40% of the Building Tax Value, a building appraised market Value is required for evaluation of Improvement Cost Ratio.

Check one box:

☐ **New Construction and Substantial Improvement** ☐ **Existing Building and Non Substantial Improvement**

Engineering Inspector Name

Engineering Inspector Signature and Date

Note: Over \$1,000,000.00 Improvements Cost requires Chief Governmental Compliance Division Approval, over \$50,000,000.00 Improvements Cost requires Building Director Approval.

Name

Signature and Date