



**Community Development Department**  
 18070 Collins Avenue, 3<sup>rd</sup> Floor Sunny Isles Beach, Florida 33160  
 Phone: (305) 792-1772 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**

<b>Property Owner's Name</b>		Phone#		Fax#
Address	City	State	Zip	Email
<b>Construction Company Authorized Agent:</b>		Phone#		Fax#
Address	City	State	Zip	Email
<b>Sub-Contractor (If different from Authorized Agent):</b>		Phone#		Fax#
Address	City	State	Zip	Email
<b>Description of Work: Attach List of Items:</b>				
<b>Start Time:</b>	<b>End Time:</b>	<b>Start Date:</b>	<b>End Date:</b>	
<b>Days of the Week</b>				
<b>FOR OFFICE USE ONLY/ APPROVALS</b>				
<b>Clay Parker, Building Official</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments		Approved by:		Date:
<b>Helena Forbes, Code Compliance Division Manager</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments		Approved by:		Date:
<b>Terms and Conditions for Approval</b>				
1) Notify the office of Community Development two weeks in advance of all requests for extended concrete pours 2) The Developer has to assign an on-site representative to provide for 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, from contiguous Condominium Associations indicating the Association agrees with this request 5) Any cost incurred by the City to accommodate a request to extend construction hours will be borne by 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 and in accordance with the attached landscape guidelines 8) Please notify the Department, in writing and on a weekly basis, of the specific days when a pour will take place				
<b>Notarized Signature of Applicant</b>			<b>Notarized Signature of Responsible Agent</b>	
<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	Notary Stamp		Notary Public	Notary Stamp
_____			_____	
My Commission Expires			My Commission Expires	