



**City of Sunny Isles Beach  
Code Compliance Department**  
18070 Collins Avenue, 3<sup>rd</sup> Floor Sunny Isles Beach, Florida 33160  
Phone: (305) 792-1705 Fax: (305) 792-1569

**Sidewalk Closure Application**

**Non-Refundable Fee \$1,000.00 (per request/per location)**

***Must be Submitted at Least Two Weeks (14 Days) Prior to Proposed Sidewalk Closure***

**Premise Type (check one): Collins  Sunny Isles Blvd  Interior Street**

<b>Applicant/Responsible Agent for Developer:</b>		<b>Corporation:</b>	
Address:	City:	State:	Zip:
Office Phone#:	Cell Phone#	E-mail Address	Fax#
<b>Contractor/Corporation:</b>			
Address:	City:	State:	Zip:
Office Phone#:	Cell Phone#	E-mail Address	Fax#
<b>Project Name/Location of Closure:</b>			
Address:	City:	State:	Zip:
<b>Description of Work to be Performed:</b>			
<input type="checkbox"/> NorthBound <input type="checkbox"/> SouthBound <span style="float:right;"><input type="checkbox"/> EastBound    <input type="checkbox"/> WestBound</span>			
<b>Day/Date/Hours of Closure:</b> From: _____, _____ / _____ / _____, _____ : _____ am/pm To/Thru: _____, _____ / _____ / _____, _____ : _____ am/pm			
Police presence requested? <input type="checkbox"/> Yes <input type="checkbox"/> No    No. of Police Officers needed: _____			
Building Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Building Permit No. _____			
FDOT Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<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="radio"/> Personally Known <input type="radio"/> Produced Identification		Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification	
Type of Identification (if any)		Type of Identification (if any)	
Notary Public _____	Notary Stamp	Notary Public _____	Notary Stamp
My Commission Expires :		My Commission Expires:	

**FOR OFFICE USE ONLY**

The Chief of the Sunny Isles Beach Police Department or its designee has reviewed the lane closure application submitted and believes it will not greatly impact on the Police Department's and Fire Departments ability to provide emergency services to the public. At this time we have no recommendations to further minimize the impact or inconvenience this closure will have on the traveling public and the community's safety

Police presence required?  Yes  No    Number of Officers: \_\_\_\_\_    Approved by: \_\_\_\_\_    Date: \_\_\_\_\_

**Terms and Conditions of the Approval**

The approval of this application will not constitute a potential disturbance of the peace and quiet of the persons surrounding the premises where the closure is taking place. The sidewalk closure does not grant the right to close the sidewalk at all times, nor for a period longer than 30 days, but intermittently or as necessary. Furthermore I understand that any permit(s) that may be granted based on this application is subject to enforcement under the City Code of Ordinances, under any attached requirements, any FDOT guidelines and must be surrendered upon demand to the City Code Compliance Department, Sunny Isles Beach Police Department and/or their representatives, it is further understood that a copy of this permit must be present on site at all times