



CPP Guide Lines For E-Plan Processing

2.3 File Names

- File names shall not contain any leading or trailing spaces.
- File names shall not contain special characters such as: parenthesis “()”; double periods “..”; question marks “?”; etc.
- The discipline is the primary method of classification for file names. Each file shall contain the discipline code as the first letter of the file name. Sheet File names start with the discipline code, followed by a user-definable numerical field that closely corresponds to the sheet sequence number. For example A-101 for architectural, floor plans, first floor.

- A Architectural
- C Civil
- E Electrical
- F Fire Protection
- G General Information (non-discipline specific)
- H Hazardous Material
- I Interiors
- L Landscape
- M Mechanical
- P Plumbing
- O Equipment
- S Structural
- T Telecommunications
- X Other Disciplines
- Z Contractor/Shop Drawings

- Sheet numbers should be designated sequentially starting at "01" and continuing thru "99"

Examples:

The following are sample sheet file names:

- A-101.pdf Architectural, first floor plan, sheet 1.1
- A-102.pdf Architectural, second floor plan, sheet 1.2
- A-103.pdf Architectural, first floor reflected ceiling plan, sheet 1.3
- A-201.pdf Architectural, elevations, sheet 2.1
- A-501.pdf Architectural, details, sheet 5.1

2.4 Standard Sheet Sizes

Supporting documents shall be accepted only in 8 1/2" x 11" page size. Plan pages shall be accepted only in Sizes Plot 8 1/2" x 14", 11" x 14", 12" x 8", 24" x 36" and 36" x 48".

2.5 State of Florida Rules for Signing and Sealing Electronically

Information stored in electronic files representing plans, specifications, plats, reports, or other documents must be signed and sealed electronically where required by state laws as described in the Florida Statutes Chapter 471.025, 481.221, and 668.001-006.

2.6 Measurement Scale

All plan pages must contain a scale.

NOTE: ALL SHEETS MUST BE REVIEWED

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way) • Miami, Florida 33175-2474 • (786) 315-2000

APPLICATION FOR MUNICIPAL PERMIT APPLICANTS THAT REQUIRE PLAN REVIEW FROM MIAMI-DADE FIRE RESCUE AND/OR ENVIRONMENTAL SERVICES

PROVIDE MUNICIPAL PROCESS NUMBER HERE						
LOCATION OF IMPROVEMENTS	Job Address _____ Folio _____ Lot _____ Block _____ Subdivision _____ PBpg. _____ Metes and bounds _____	CONTRACTOR INFORMATION	Contractor No. _____ Last four (4) digits of Qualifier No. _____ Contractor Name _____ Qualifier Name _____ Address _____ City _____ State _____ Zip _____			
TYPE OF IMPROVEMENTS	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tent </td> </tr> </table>	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire	<input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tent	Current use of property _____ Description of Work _____ Sq. Ft. _____ Units _____ Floors _____ Value of Work _____		
<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire	<input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only <input type="checkbox"/> Tent					
PERMIT TYPE	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none; vertical-align: top;"> <input type="checkbox"/> MBLD* Category _____ <input type="checkbox"/> MELE _____ <input type="checkbox"/> MPLU _____ <input type="checkbox"/> MLPG _____ <input type="checkbox"/> MMEC _____ <input type="checkbox"/> FIRE _____ </td> <td style="width: 10%; text-align: center; border: none; vertical-align: middle;">REVIEW STATUS</td> <td style="width: 60%; border: none; vertical-align: top;"> <input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-Stamp <input type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire </td> </tr> </table>	<input type="checkbox"/> MBLD* Category _____ <input type="checkbox"/> MELE _____ <input type="checkbox"/> MPLU _____ <input type="checkbox"/> MLPG _____ <input type="checkbox"/> MMEC _____ <input type="checkbox"/> FIRE _____	REVIEW STATUS	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-Stamp <input type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire	OWNER'S NAME	Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____ Last four (4) digits of Owner's Social Security No. _____
<input type="checkbox"/> MBLD* Category _____ <input type="checkbox"/> MELE _____ <input type="checkbox"/> MPLU _____ <input type="checkbox"/> MLPG _____ <input type="checkbox"/> MMEC _____ <input type="checkbox"/> FIRE _____	REVIEW STATUS	<input type="checkbox"/> Chg. Contractor <input type="checkbox"/> Re-Issue <input type="checkbox"/> Re-Stamp <input type="checkbox"/> Revision <input type="checkbox"/> Not Applicable for Fire				
PERSON TO PICK UP PLANS	Name _____ Address _____ City _____ State _____ Zip _____ Phone _____	ARCHITECT / ENGINEER	Owner _____ Address _____ City _____ State _____ Zip _____ Phone _____			
FIRE SPECIAL REQUEST PLAN REVIEW (SRI)	<p><i>I am requesting a Special Request Plan Review (SRI) to be scheduled as soon as possible. There is a minimum charge of one-hour. Please contact the Fire Department for current rate.</i></p> 1 st Request: _____ Date: _____ 2 nd Request: _____ Date: _____ 3 rd Request: _____ Date: _____					
<p>If the applicant is a known named violator with: unpaid civil penalties; unpaid administrative costs of hearing; unpaid County investigative, enforcement, testing, or monitoring costs; or unpaid liens, any or all of which are owed to Miami-Dade County pursuant to the provisions of the Code of Miami-Dade County, Florida, a hold on the review may be placed on this application.</p>						