



10 April 2012

BRICKELL PLACE PHASE II ASSN INC  
Attention: Condo Association  
1925 BRICKELL AVE  
Miami, FL 0

Re: Requirements under the Florida Building Code & the City of Miami Code of Ordinance

Dear Sir/Madam:

Please allow this correspondence to serve as a reminder that all remodeling and/or construction work performed on the condominium premises must be after the appropriate permit has been obtained. Permitting rules also apply within the units and include any and all work performed, including all flooring such as tile, marble, wood etc. Failure to obtain a permit may result in violations issued to the individual unit and/or the building as a whole.

If you have any questions or require further information, please visit our website [www.miamigov.com/building](http://www.miamigov.com/building) or call (305) 416-1100.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mariano", written over a large, stylized, hand-drawn loop.

Mariano V. Fernandez, P.E.  
Building Official



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address			
						Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
 Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- 1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**
- 2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**
- 3. Foreign Passport Number: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
 Do Not Write In This Space

Signature of Employee \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

**Preparer and/or Translator Certification (check one):**

- I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

Last Name (Family Name) \_\_\_\_\_ First Name (Given Name) \_\_\_\_\_

Address (Street Number and Name) \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_





**Employment Eligibility Verification**  
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**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b>		<b>List B</b>		<b>List C</b>
Identity and Employment Authorization		Identity		Employment Authorization
Document Title	Document Title	Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information			QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title	Document Title	Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)
Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative
Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town
State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>		<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Expiration Date (if any) (mm/dd/yyyy)
Document Number	Expiration Date (if any) (mm/dd/yyyy)

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Name of Employer or Authorized Representative	

**LISTS OF ACCEPTABLE DOCUMENTS  
All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	2. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	3. Employment Authorization Document that contains a photograph (Form I-766)	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	5. Native American tribal document	4. Employment Authorization Document that contains a photograph (Form I-766)	6. U.S. Citizen ID Card (Form I-197)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	8. Employment authorization document issued by the Department of Homeland Security
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	8. Employment authorization document issued by the Department of Homeland Security	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	6. Military dependent's ID card			
	7. U.S. Coast Guard Merchant Mariner Card			
	8. Native American tribal document			
	9. Driver's license issued by a Canadian government authority			
	10. School record or report card			
	11. Clinic, doctor, or hospital record			
	12. Day-care or nursery school record			

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## Contractor Guidelines Acknowledgement Form

### Applicability

Outside Contractors engaged by a unit owner to perform work in a unit must comply with the terms and conditions stated hereinafter if:

1. Contractor requires elevator be assigned for material/supply delivery
2. Work requires more than two individual workers
3. Work will take more than two (2) days

Definitions: The term contractor shall apply to any worker associated with the unit whether sub or general contractor. The term owner shall apply to the individual owner(s) or the officers of the owning entity. Management, the Office, and the Association shall be synonymous for the purpose of this document.

### Pre-Commencement of Work

Approval: Private Contractor must be approved and interviewed by the Condominium Association prior to commencement of the work.

Rule and Regulations: Unit owners should inform their contractor(s) of the rules and regulations and will be responsible for their contractors breaking any of the rules and regulations.

Pre-Work Orientation: An orientation with the Maintenance Supervisor or member of the Management Staff is required prior to the commencement of work.

Binding: The terms and conditions of authorized contractor activity require the signature of the owner(s) and contractor(s) on page five (pg. 5) of this acknowledgement form and must be initialed on every page hereinafter. The terms and condition enumerated herein are binding to all parties.

Deposit Requirement(s): A deposit of \$300.00 (refundable) must be forwarded, by the unit owner, to the Condominium Association's Management Office prior to job commencement. If the work requires access to the roof, then the deposit sum shall be \$500.00. These deposits shall be refunded to the depositor upon verification that no damages or violations have occurred as a result of the work.

Documentation: Proof and copies of the following:

Letter Describing Scope and Duration of Work: a letter must be provided by the contractor detailing the scope of work and the amount of time that the work is expected to take. This letter must be signed by the contractor.

Occupational License—the license must match the name of the signor of the Contractor Guidelines Acknowledgement Form, and the license must match the designated unit scope of work.

Contractor/Subcontractor Roster—a list with the first and last name of all contractors, sub-contractors and persons involved in the work.

Worker's Compensation—Workman's compensation insurance must be active. The insured contractor must be the one signing this (Contractor Guidelines Acknowledgement) form. The workman's compensation insurance coverage parameters must include the relevant scope of work described for the unit and for the total number of employees working on the unit(s).

Worker Eligibility—Homeland Security Form I-9, Employment Eligibility Verification must be filled out and signed by the contractor for each of his/her employees in order to comply with Department of Homeland Security U.S. Citizen and Immigration Services requirements.

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Owner Initials \_\_\_\_\_

Contractor Initials \_\_\_\_\_

## Contractor Guidelines Acknowledgement Form

Relevant City/County Permits—it is the obligation of the contractor to call for proper inspections and close the permit(s). The permit should always be available on the property and Management may request that the permit be posted on the unit door. Permit copy must be provided to Management prior to work commencing.

Liability Insurance: Contractor must have active General Liability Insurance Policies (naming Brickell Place Phase II as the certificate holder) at all times during the work process. Any change of coverage must be noticed to the Management Office. The insured must be the contractor signing the Contractor Guidelines Acknowledgement Form, Liability and Workman's compensation coverage must be, at minimum, for \$1,000,000.00, and the coverage parameters must include the relevant scope of work in the insurance description—any cost to produce this documentation is to be borne by the owner/contractor.

Building Plans: Building plans may be requested on behalf of the contractor by the owner. If the requested plan is available (Management does not guarantee that the blueprints will be available), then it will take, at minimum, three (3) business days to provide at a cost of \$50.00. Association will not provide partial plans. It will only provide all plans and in digital format. It is the responsibility of the contractor to provide the hard drive, USB key, or hard disc. Contractor may attain plans at the City, if available.

### Commencement of Work

Mobilization: Reservation of service elevator for materials must be done through the Management Office by calling 305-858-3891. Materials transported into and debris transferred out of the unit must be done on top of the rug cover, with proper dollies, and using the service elevator AT ALL TIMES. If the contractor needs to bring down materials, supplies, etc., then security must be notified so the service elevator can be dispatched. The passenger elevators CANNOT be used for work activity.

Debris/Waste Removal: All contractor debris and waste must be deposited in containers provided by the contractor. At no time can debris, refuse, waste be deposited by the contractor or his assigns in to any Association waste receptacle/container, trash chute, or trash area.

Protecting the Common Elements: Common area corridors must be covered to avoid damage—no matter what type of work is taking place. The cover should be made of a plastic (visqueen-like material) or cardboard-like (flattened boxes CANNOT be used). The carpet protection must be uniform in appearance. Its length must be from the elevator to at least three (3) feet beyond the work-unit door. The plastic/cardboard cover must be deployed (installed) and removed daily. Any damage must be immediately reported to management.

### Working Hours and Days:

- 8:00AM – 5:00PM Monday through Friday except on national holidays. No work is permitted outside of the working hours, on weekends, or on national holidays.
- At 5:00P.M. each working day, the common elements must be left clean and the property completely vacated by all contractors, with all materials and supplies fully loaded on to any contractor vehicle(s) or receptacle(s).
- The cut off time for receiving or loading materials into the property is 3:00P.M. in order to keep the service elevator available for contractors vacating the premises. NO EXCEPTIONS.

Contractor Identification: All contractors must have valid U.S. government issued photo-identification (driver's license or U.S. passport, etc.) in order to enter the premises. Owners may not escort a contractor who does not have a valid ID. The Association will provide temporary ID badges (which must be returned to security at the end of each work day). The contractor must leave their valid U.S. government issued ID with security until the Association's ID badge is returned to security.

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Owner Initials \_\_\_\_\_

Contractor Initials \_\_\_\_\_

## Contractor Guidelines Acknowledgement Form

If the contractor has a valid foreign government ID, then copies of the supporting I-9 documentation represented by contractor must be provided to Management so that written approval can be provided.

Inspection: City inspection is required for permits. Owner or contractor shall provide the Association with copies of all inspector reports, violations, and C.O.

Tools: Contractors may not borrow or request tools from the Association.

Water and Power: Utilities are provided by outlets/faucets within the work-unit. No outlet or water spigot in a common area may be used by the contractor.

Unattended Articles: The contractor shall not leave any item(s), material(s), or supplies unattended in the common elements nor shall the contractor use any large object to open doors, including the elevator doors, while in the common elements.

Roof Work: Contractors working on the roof must have it inspected by Management. Sheets of plywood must be placed underneath any weights, equipment, or swing stage rigging. Clamp swing stage rigging is prohibited.

Smoke Detectors, Sprinklers, and Sounders: No contractor shall remove, alter, cover, or otherwise tamper with any life safety device such as a smoke detector, fire sprinkler, or sounder. If contractor work will result in smoke or dust that may trigger the alarm, Management must be notified to take the proper measures.

Windows: Contractors are prohibited from hanging out of unit windows to perform any maintenance. External contractor work must require the use of a lift or swing stage.

Balconies: Contractors are prohibited from cutting tile or wood in an unenclosed balcony.

Common Area Restriction: No work or storage of any kind related to any work inside a unit may affect or take place in any common area.

Loitering and Soliciting: The common areas cannot be used for leisure and contractors cannot loiter on or near the property before or after working hours and cannot solicit their services with flyers or the like.

Non Compliance and Enforcement: Failure to comply with the contractor guidelines and rules and regulations may result in a fine being assessed to the owner, government inspector being summoned to the property, and/or contractor being disqualified from working on the premises in the future. Damages will automatically be deducted from the deposit and assessed to the contractor's applicable insurance policies. Unpaid Association fines will be deducted from the deposit. If there are any fines in excess of the deposit, then they shall be applied to the owner's account. Management reserves the right to require that the contractor vacate the premise due to non-compliance.

Covenants: It is recommended that the owner read the condo documents carefully for any additional relevant information.

**FINAL APPROVAL FROM MANAGEMENT AND MAINTENANCE ENGINEER MUST BE OBTAINED PRIOR TO THE REFUNDING OF A DEPOSIT.**

### Specifications

Window Installation and/or Balcony Enclosure (Balcony Enclosures require a letter of approval from the Association)

- Glass must have Miami-Dade NOA and meet Miami-Dade County Hurricane and Building Codes

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Owner Initials \_\_\_\_\_

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## Contractor Guidelines Acknowledgement Form

- Bronze-colored aluminum frame and glass tint must match the exterior façade of the community
- Balcony Enclosure Design
  - Four Panels facing outward (high-rise coastal sliding door)
  - Two Panels; one facing each side (coastal-rated single hung window with lower fixed pane)
  - Forty two inch railing remains (or the according to the prevailing code requirement at the time of commencement)
  - All work must match existing building exterior finishes
  - Plans, designs, drawings, et cetera must be provided to Management prior to the commencement of work.
- Balcony Enclosure Installation
  - Prior to installing the enclosure, the concrete should be sounded and inspected to ensure that the surface is suitable for installation.
  - If the concrete is damaged in any way, Management should be promptly notified of the problem.

All work and installation must be done pursuant to manufacturer specifications to be in accordance with the South Florida Building Code, Miami-Dade County Code, City of Miami Ordinances, etc. (consult manufacturer for regarding product specifications).

**For installation of windows and/or balcony enclosures, mobilization of swing state(s) and product/materials is strictly prohibited until a copy of a valid building permit has been provided to the Management Office. Future work approvals on the premises for the installation of windows and/or balcony enclosures may NOT be granted if permits have not been satisfactorily opened and closed.**

**For installation of windows and/or balcony enclosures, prior to commencement of work, the concrete surrounding the installation areas should be inspected by Management. Any damage to the concrete noticed after the installation of the balcony enclosure will be assumed, and must be paid for, by the owner**

### Hurricane Shutters

- Construction
  - Must have Miami-Dade NOA and meet Miami-Dade County Hurricane and Building Codes
  - Powder coated stainless-steel blade pins with bronze finish
  - All work must match existing building exterior bronze finish
- Hurricane Shutter Design
  - Maximum clearance above and below shutter blade is 0.250 in.
  - Each shutter unit shall bear a permanent label with the manufacturer's name/logo, city, state, and the following statement: "Miami-Dade Product Control Approved".
  - Shutter shall be flushed to the original glass of the building (not glass balcony enclosures) and not infringe the cement facades of the building or balcony slabs.
  - All work and installation must be done pursuant to manufacturer specifications to be in accordance with the South Florida Building Code, Miami-Dade County Code, City of Miami Ordinances, etc. (consult manufacturer for regarding product specifications).
  - Plans, designs, drawings, et cetera must be provided to Management prior to the commencement of work.

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Owner Initials \_\_\_\_\_

Contractor Initials \_\_\_\_\_



# Brickell Place Phase II Association, Inc.

## Contractor Guidelines Acknowledgement Form

FINAL INSPECTION BY BOTH CITY OF MIAMI AND MANAGEMENT IS REQUIRED. FAILURE TO COMPLY MAY PRECLUDE THE CONTRACTOR FROM PROCEEDING WITH FUTURE HURRICANE SHUTTER INSTALLATIONS AT BRICKELL PLACE PHASE II ASSOCIATION, INC.

### Floor Sound Installation

- Requirements
  - Sound Transmission Class (STC) must have a rating of **52 or higher**
  - Impact Insulation Class (IIC) must have a rating of **50 or higher**
  - Impact Noise Ration must be **5 or higher**
  - A sample must be provided to Management prior to commencing with the installation

Consult manufacturer for specific application and specification sheet. Products that meet requirements must have a verification sheet to be submitted to the Management Office for review and approval.

MANAGEMENT MUST INSPECT THE INSTALLED SOUNDPROOFING PRIOR TO THE INSTALLATION OF THE FLOORING. IMAGES MUST BE TAKEN BY THE CONTRACTOR AND PROVIDED TO MANAGEMENT AS A SUPPLEMENT.

FINAL INSPECTION BY BOTH CITY OF MIAMI AND MANAGEMENT IS REQUIRED. FAILURE TO COMPLY MAY PRECLUDE THE CONTRACTOR FROM PROCEEDING WITH FUTURE HURRICANE SHUTTER INSTALLATIONS AT BRICKELL PLACE PHASE II ASSOCIATION, INC.

### Contractor Guidelines Acknowledgement

I, the owner of unit(s) \_\_\_\_\_ and the Contractor, hereby acknowledge the Contractor Guidelines and Association Rules and Regulations and agree to abide by them and be responsible for any harm brought about by, or damages to the common elements and fines resulting from, the work.

\_\_\_\_\_  
Owner Name (print) \_\_\_\_\_ Contractor Name and Title (Print)

\_\_\_\_\_  
Owner Signature \_\_\_\_\_ Contractor Signature

Date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

-----For Office Use Only-----

- Interview Completed \_\_\_\_\_
- Work Application Approved \_\_\_\_\_
- Work Application Declined \_\_\_\_\_

Comments: \_\_\_\_\_

Application Approved/Declined by: \_\_\_\_\_ Final Association Inspection:

Inspection Passed \_\_\_/\_\_\_/\_\_\_

Association Representative (Print Name/Title) \_\_\_\_\_  
 Inspection Failed \_\_\_/\_\_\_/\_\_\_

Owner Initials \_\_\_\_\_ Contractor Initials \_\_\_\_\_

# Brickell Place Phase II Association, Inc.

## Contractor Guidelines Acknowledgement Form

Association Representative (Signature)

Final Inspection Conducted by:

\_\_\_\_\_

Association Representative (Print Name/Title)

Association Representative (Signature)

Inspection Passed

Inspection Failed

Comments:

\_\_\_\_\_

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Owner Initials \_\_\_\_\_

Contractor Initials \_\_\_\_\_