

TOWN OF SURFSIDE, FLORIDA

Building Recertification Permit Fee Assistance Grant Program

APPLICATION FOR GRANT ASSISTANCE

Authorized by Resolution No. _____ | Pursuant to Ordinance Nos. 2024-1768 and 2024-1773
Submit completed applications to the Town of Surfside Building Department.

PROGRAM INSTRUCTIONS

This application is for condominium associations seeking reimbursement of municipal building recertification permit fees paid to the Town of Surfside. Read all instructions before completing this form.

Eligibility Requirements:

- Multi-family residential condominium building located in the Town of Surfside.
- Subject to 30-, 40-, 50-, or 60-year structural and/or electrical recertification.
- Recertification application submitted to the Town along with recertification report indicating repairs.
- Association is in good standing (no outstanding liens, unresolved code violations, or unpaid municipal obligations, unless under an approved compliance plan).
- No prior grant assistance received for the same recertification cycle.

Only the condominium association, through its authorized officer, may apply. Individual unit owners may not apply separately.

Maximum grant award: \$200,000 per condominium, per recertification cycle. Awards are first-come, first-qualified, subject to available appropriated funds.

SECTION 1: BUILDING INFORMATION

Building Name

Full legal name of the condominium building

Property Address

Street address

Town / Zip Code

Surfside, FL

Miami-Dade County Folio Number(s) *(include all folios if multiple)*

Year Built

YYYY

Number of Units

Number of Stories

Building Type

Residential Condominium

SECTION 2: CONDOMINIUM ASSOCIATION INFORMATION

Legal Name of Condominium Association

Association Mailing Address (if different from building address)

City

State / Zip

Federal Tax ID Number (EIN) *(required for W-9 processing)*

Authorized Officer / Representative

Name of Authorized Officer

Title / Position

Phone Number

Email Address

SECTION 3: RECERTIFICATION DETAILS

Recertification Cycle

Cycle Type

Select: 30 / 40 / 50 / 60-Year

Recertification Due Date

MM/DD/YYYY

Town Application Number

Assigned by Building Dept.

Date Recertification Application Submitted to Town

MM/DD/YYYY

Town Permit Number(s)

Scope of Recertification *(check all that apply)*

Structural Recertification

Electrical Recertification

Both Structural and Electrical

Other (describe below)

If Other, describe scope:

SECTION 4: FEE REIMBURSEMENT REQUEST

List all municipal building recertification permit fees paid to the Town of Surfside for which reimbursement is requested. Attach proof of payment for each line item.

Description of Fee	Receipt / Payment Date	Amount Paid (\$)
<i>If more fees, attach additional schedule.</i>	TOTAL REQUESTED:	\$

SECTION 5: REQUIRED ATTACHMENTS CHECKLIST

Submit this checklist with your application. Check each item to confirm the document is included. Incomplete applications will not be reviewed.

	Proof of payment of all municipal recertification permit fees listed in Section 4 (Town-issued receipts or cleared payment records).
	Documentation confirming recertification requirement (Miami-Dade County notice, Town notice, or applicable building inspection report).
	Board Resolution of the condominium association authorizing submission of this grant application and identifying the authorized signatory.

	Completed IRS Form W-9 (Request for Taxpayer Identification Number and Certification).
	Payment / ACH authorization information for disbursement (if applicable).
	Any additional documentation requested by the Town Manager or designee.

SECTION 6: CERTIFICATIONS AND AUTHORIZED SIGNATURE

The undersigned authorized officer of the condominium association hereby certifies, under penalty of perjury, that:

- All information provided in this application is true, accurate, and complete.
- The association is a multi-family residential condominium located within the Town of Surfside, Florida.
- The fees for which reimbursement is requested are municipal building recertification permit fees paid to the Town of Surfside.
- The association has not previously received grant assistance under this Program for the same recertification cycle.
- The association is in good standing with the Town or is operating under an approved compliance plan.
- The undersigned is authorized to submit this application on behalf of the association and to bind the association to the representations made herein.
- The association understands that grant assistance is subject to available appropriated funds, does not create a vested right or future entitlement, and remains subject to annual appropriation by the Town Commission.
- The association agrees to cooperate with any audit or verification conducted by the Town.

Authorized Officer Signature

Signature of Authorized Officer _____
Date (MM/DD/YYYY)

Printed Name **Title / Position**

SECTION 7: FOR TOWN USE ONLY — DO NOT COMPLETE

Date Received	Application No.	Reviewed By	Eligibility Determination
Award Amount Approved (\$)	Approval Date	Disbursement Date	Town Manager / Designee

Notes / Comments (Staff Use Only)

