



TEMPORARY CERTIFICATE OF OCCUPANCY CERTIFICATE OF OCCUPANCY Checklist

Please note that it may take up to 72 hours to process a Certificate of Occupancy.

Received Stamp

Project Name: _____
 Application #: _____
 Job Address: _____ Suite/Unit: _____
 Parcel/Folio: _____
 Contractor: _____
 Contact Person: _____
 Email: _____ Phone #: _____

Other Permits/Comments

REQUIRED DOCUMENTS: ("C"-Commercial Projects, "R"-Residential Projects)

*Please reference and clearly label all required documents in your request letter. Please note that all signed and sealed documents must be an original submittal.

- _____ Request Letter to the Building Official from General Contractor requesting CO or TCO (C&R)
- _____ Soil Compaction Certification (*signed & sealed*)(C&R)
- _____ Soil Termite Certificate(C&R)
- _____ Insulation Certificate(C&R)
- _____ (2)Elevation Certificates (*signed & sealed*)(C&R)
- _____ (2) Final Surveys with City Engineer & Zoning Approval (*signed & sealed*)(C&R)
- _____ Special Engineer's Letter of Completion (*signed & sealed*) (C&R)
- _____ Masonry Engineer's Letter (*signed & sealed*) (C&R)
- _____ Truss Affidavit (C&R)
- _____ D.P.E.P. Broward Approval Letter (C&R)
- _____ Broward Sanitary/Sewer Approval Letter (C&R)
- _____ Broward County Health Department Approval (C)
- _____ Permit Card (*with all finals signed off*) (C&R)
- _____ Blower Door Testing as per Florida Energy Code Conservation R402.4.1.2 (R)
- _____ Copy of Completed Energy Performance Level (EPL) Display Card (R)
- _____ Elevator Certificate (*if applicable*) (C &R)
- _____ "As Built" Digital Plans (USB or CD) (C&R)

_____ E.R.U. Fee Amount \$ _____
 _____ C.O. Fee (5% of Job Value + 8% Surcharge) Amount \$ _____
 _____ T.C.O Fee (5% of Job Value + 8% Surcharge) Amount \$ _____
 _____ Other Fees: _____ Amount \$ _____

Certificates will not be processed until all required documents have been submitted.

FINAL INSPECTIONS (Office Use Only):

<input type="checkbox"/> Mechanical	Date: _____	<input type="checkbox"/> Zoning	Date: _____
<input type="checkbox"/> Electrical	Date: _____	<input type="checkbox"/> Roof	Date: _____
<input type="checkbox"/> Low Voltage	Date: _____	<input type="checkbox"/> Fire Alarm	Date: _____
<input type="checkbox"/> Plumbing	Date: _____	<input type="checkbox"/> Fire Sprinkler	Date: _____
<input type="checkbox"/> Irrigation	Date: _____	<input type="checkbox"/> Fire Marshal	Date: _____
<input type="checkbox"/> Landscape	Date: _____	<input type="checkbox"/> Structural	Date: _____

Notes: _____

Community Development - Building Division

2200 Civic Center Place
Miramar, FL 33025

954.602.3200
miramarfl.gov

Hours of Operation: Monday-Thursday
7AM-6PM

Building Official:

Julio Briceno

Issued by: _____ Date Issued: _____