



**CERTIFICATE OF OCCUPANCY
 TEMPORARY CERTIFICATE OF OCCUPANCY
 CERTIFICATE OF COMPLETION
 CHECKLIST**

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

Project Name: _____

Application #: _____

Job Address: _____ Suite/Unit: _____

Parcel/Folio: _____

Contractor: _____

Contact Person: _____

Email: _____ Phone #: _____

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)
- 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)

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: _____

Issued by: _____ Date Issued: _____

DATE RECEIVED:(OFFICE USE ONLY)

Additional Permits:

- _____
- _____
- _____
- _____
- _____
- _____

Comments:

Building Planning & Zoning

2200 Civic Center Place
 Miramar, FL 33025
 954.602.3200
 miramarfl.gov

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

Building Official:
 Julio Briceno

Assistant Building Official:
 Adam Hilton