



**APPLICATION FOR TEMPORARY OR FINAL
CERTIFICATE OF COMPLETION OR OCCUPANCY**

City of South Building Department
6130 Sunset Drive, South Miami FL, 33143
Tel (305)663-6355- Fax
(305)666-4591
www.southmiamifl.gov

Location Address _____ Unit# _____

City of South Miami Building Permit Number _____

Final Certificate: yes ___ no ___ Temporary Certificate: yes ___ no ___

Reason for Temporary Certificate: List below all outstanding work which is to be completed in order to receive all final inspections and a permanent Certificate of Completion or Occupancy.

CONTRACTOR'S AFFIDAVIT: This is to certify that I am aware of my responsibility to obtain all Final Inspections and to obtain the required permanent CC/CO or an extension of the Temporary CC/CO as required. Sanctions against my license may be imposed for failure to obtain all necessary finals and the Permanent Certificate of Completion or Occupancy...

COMPANY NAME _____

QUALIFIER NAME _____ Signature _____

CC# _____ Telephone _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribe before me this _____ day of _____, 20_____

(SEAL) _____

Personally known _____ Produced identification _____

Type of identification _____

Notary Signature _____

OWNER'S AFFIDAVIT: I understand that my execution of this application (if for a Temporary Certificate) and agreement includes authorization for the City of South Miami Building Department to order without notice to me, Florida Power and Light Company or any other utility company to disconnect services to the property upon failure to obtain all final inspections and a Permanent Certificate.

Name of Owner _____ Signature _____

Address _____ Telephone _____

STATE OF FLORIDA COUNTY OF MIAMI DADE

Sworn to and subscribe before me this _____ day of _____, 20_____

(SEAL) _____

Personally known _____ Produced identification _____

Type of identification _____

Notary Signature _____





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IMPORTANT: Application must be executed and records verified by the building and Neighborhood Compliance Department Permit Record Section before signed by inspector. See below.

Record verification made by: _____
Building and Neighborhood Compliance Department Permit Record Section

Date: ____/____/____

The inspector must approve those categories indicated below for temporary occupancy. Inspectors must verify outstanding work listed and verify that all code provisions relating to public safety have been met prior to granted temporary approval.

Permit# _____ Shell Interior

CATEGORIES	SIGNATURE	DATE	COMMENTS
<input type="checkbox"/> Building	_____	____/____/____	_____
<input type="checkbox"/> Roofing	_____	____/____/____	_____
<input type="checkbox"/> Electrical	_____	____/____/____	_____
<input type="checkbox"/> Plumbing	_____	____/____/____	_____
<input type="checkbox"/> Mechanical	_____	____/____/____	_____
<input type="checkbox"/> Fire	_____	____/____/____	_____

COMPLETION HOLDS

THE FOLLOWING MUST BE RELEASED IN ORDER TO APPLY FOR TWMPORARY CO/CC:

<input type="checkbox"/> Public Works	_____	____/____/____	_____
<input type="checkbox"/> D.E.R.M	_____	____/____/____	_____
<input type="checkbox"/> Zoning	_____	____/____/____	_____

Board of Rules and Appeals required approved memo must be attached (for South Florida Building Code permits only)

- 1st TCO Extension BORA

