



CERTIFICATE OF OCCUPANCY CHECKLIST

PERMIT NUMBER _____ FBC _____ EDITION _____ AREA _____

OCCUPANCY GROUP _____ OCCUPANCY LOAD _____

TYPE OF CONSTRUCTION _____ FLOOR LOAD _____

DESCRIPTION OF IMPROVEMENTS _____

OWNER _____

ADDRESS _____

CONTRACTOR _____ PHONE# _____

FINAL SURVEY & ELEVATION CERTIFICATE ARE REQUIRED TO BE SUBMITTED FOR APPROVAL 48 HOURS PRIOR TO SCHEDULING FINAL STRUCTURAL INSPECTION.

The Following Applicable Items Must Be Submitted Together In An Organized, Tabbed Three-Ring Binder

| | |
|---|--|
| ZONING | FLOODPLAIN |
| <input type="checkbox"/> Final Landscape Inspection ZONING APPROVED _____ DATE _____ <input type="checkbox"/> Parking Lot Lighting Certificate ZONING APPROVED _____ DATE _____ <input type="checkbox"/> Final Survey (SEE ATTACHED CHECKLIST) ZONING APPROVED _____ DATE _____ | <input type="checkbox"/> Final Survey (SEE ATTACHED CHECKLIST) FLOOD PLAIN APPROVED _____ DATE _____ <input type="checkbox"/> Final Elevation Certificate (SEE ATTACHED CHECKLIST) FLOOD PLAIN APPROVED _____ DATE _____ |
| MECHANICAL | PLUMBING |
| <input type="checkbox"/> Test and Balance reports-Mechanical MECHANICAL APPROVED _____ DATE _____ <input type="checkbox"/> Blower Door Test – Mechanical MECHANICAL APPROVED _____ DATE _____ | <input type="checkbox"/> Backflow Certification PLUMBING APPROVED _____ DATE _____ |
| STRUCURAL | |
| <input type="checkbox"/> Electronic copy of all plans used in the construction in PDF form. (USB or Disc) <input type="checkbox"/> Approval from Department of Planning and Environmental Planning – DPEP <input type="checkbox"/> Broward County Surface Water Management <input type="checkbox"/> Broward County Elevator Inspection Report <input type="checkbox"/> Certificate of Insulation <input type="checkbox"/> Certificate of Termite Treatment <input type="checkbox"/> Final Elevation Certificate Final (SEE ATTACHED CHECKLIST) <input type="checkbox"/> Final Special Inspector Certification (Including All Inspection Reports) <input type="checkbox"/> Roof Truss Installation Affidavit <input type="checkbox"/> Roof Tile Pull Test | DATE RECEIVED _____ DATE RECEIVED _____ DATE RECEIVED _____ DATE RECEIVED _____ STRUCTURAL APPROVED _____ DATE _____ STRUCTURAL APPROVED _____ DATE _____ STRUCTURAL APPROVED _____ DATE _____ STRUCTURAL APPROVED _____ DATE _____ STRUCTURAL APPROVED _____ DATE _____ STRUCTURAL APPROVED _____ DATE _____ |
| FINAL INSPECTIONS | |
| <input type="checkbox"/> Final Fire Inspection <input type="checkbox"/> Final Mechanical Inspection <input type="checkbox"/> Final Electrical Inspection <input type="checkbox"/> Final Plumbing Inspection <input type="checkbox"/> Final Structural Inspection | APPROVED BY _____ DATE _____ APPROVED BY _____ DATE _____ APPROVED BY _____ DATE _____ APPROVED BY _____ DATE _____ APPROVED BY _____ DATE _____ |

This structure has been inspected for compliance with the requirements of this code for this occupancy and division of occupancy and use for which the proposed occupancy is classified.

Special Conditions of the permit _____

BUILDING OFFICIAL SIGNATURE _____ **DATE** _____