



# 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

- ☐ Final Landscape Inspection  
**ZONING APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_
- ☐ Parking Lot Lighting Certificate  
**ZONING APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_
- ☐ Final Survey (SEE ATTACHED CHECKLIST)  
**ZONING APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## FLOODPLAIN

- ☐ Final Survey ( SEE ATTACHED CHECKLIST )  
**FLOOD PLAIN APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_
- ☐ Final Elevation Certificate ( SEE ATTACHED CHECKLIST )  
**FLOOD PLAIN APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## MECHANICAL

- ☐ Test and Balance reports-Mechanical  
**MECHANICAL APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_
- ☐ Blower Door Test – Mechanical  
**MECHANICAL APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## PLUMBING

- ☐ Backflow Certification  
**PLUMBING APPROVED** \_\_\_\_\_ **DATE** \_\_\_\_\_

## STRUCTURAL

- |   |  |
|---|--|
| <input type="checkbox"/> Approval from Department of Planning and Environmental Planning – DPEP   | <b>DATE RECEIVED</b> _____                         |
| <input type="checkbox"/> Broward County Surface Water Management                                  | <b>DATE RECEIVED</b> _____                         |
| <input type="checkbox"/> Broward County Elevator Inspection Report                                | <b>DATE RECEIVED</b> _____                         |
| <input type="checkbox"/> Certificate of Insulation  | <b>STRUCTURAL APPROVED</b> _____ <b>DATE</b> _____ |
| <input type="checkbox"/> Certificate of Termite Treatment & Soil Compaction                       | <b>STRUCTURAL APPROVED</b> _____ <b>DATE</b> _____ |
| <input type="checkbox"/> Final Elevation Certificate Final ( SEE ATTACHED CHECKLIST )             | <b>STRUCTURAL APPROVED</b> _____ <b>DATE</b> _____ |
| <input type="checkbox"/> Final Special Inspector Certification (Including All Inspection Reports) | <b>STRUCTURAL APPROVED</b> _____ <b>DATE</b> _____ |
| <input type="checkbox"/> Roof Truss Installation Affidavit  | <b>STRUCTURAL APPROVED</b> _____ <b>DATE</b> _____ |
| <input type="checkbox"/> Roof Tile Pull Test  | <b>STRUCTURAL APPROVED</b> _____ <b>DATE</b> _____ |

## FINAL INSPECTIONS

- |  |                          |                   |
|--|--------------------------|-------------------|
| <input type="checkbox"/> Final Fire Inspection       | <b>APPROVED BY</b> _____ | <b>DATE</b> _____ |
| <input type="checkbox"/> Final Mechanical Inspection | <b>APPROVED BY</b> _____ | <b>DATE</b> _____ |
| <input type="checkbox"/> Final Electrical Inspection | <b>APPROVED BY</b> _____ | <b>DATE</b> _____ |
| <input type="checkbox"/> Final Plumbing Inspection   | <b>APPROVED BY</b> _____ | <b>DATE</b> _____ |
| <input type="checkbox"/> Final Structural Inspection | <b>APPROVED BY</b> _____ | <b>DATE</b> _____ |

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** \_\_\_\_\_