



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"/> Final Survey (SEE ATTACHED CHECKLIST) FLOOD PLAIN APPROVED _____ DATE _____
<input type="checkbox"/> Parking Lot Lighting Certificate ZONING APPROVED _____ DATE _____	<input type="checkbox"/> Final Elevation Certificate (SEE ATTACHED CHECKLIST) FLOOD PLAIN APPROVED _____ DATE _____
<input type="checkbox"/> Final Survey (SEE ATTACHED CHECKLIST) ZONING APPROVED _____ DATE _____	
MECHANICAL	PLUMBING
<input type="checkbox"/> Test and Balance reports-Mechanical MECHANICAL APPROVED _____ DATE _____	<input type="checkbox"/> Backflow Certification PLUMBING APPROVED _____ DATE _____
<input type="checkbox"/> Blower Door Test – Mechanical MECHANICAL APPROVED _____ DATE _____	
STRUCTURAL	
<input type="checkbox"/> Approval from Department of Planning and Environmental Planning – DPEP	DATE RECEIVED _____
<input type="checkbox"/> Broward County Surface Water Management	DATE RECEIVED _____
<input type="checkbox"/> Broward County Elevator Inspection Report	DATE RECEIVED _____
<input type="checkbox"/> Certificate of Insulation	STRUCTURAL APPROVED _____ DATE _____
<input type="checkbox"/> Certificate of Termite Treatment & Soil Compaction	STRUCTURAL APPROVED _____ DATE _____
<input type="checkbox"/> Final Elevation Certificate Final (SEE ATTACHED CHECKLIST)	STRUCTURAL APPROVED _____ DATE _____
<input type="checkbox"/> Final Special Inspector Certification (Including All Inspection Reports)	STRUCTURAL APPROVED _____ DATE _____
<input type="checkbox"/> Roof Truss Installation Affidavit	STRUCTURAL APPROVED _____ DATE _____
<input type="checkbox"/> Roof Tile Pull Test	STRUCTURAL APPROVED _____ DATE _____
FINAL INSPECTIONS	
<input type="checkbox"/> Final Fire Inspection	APPROVED BY _____ DATE _____
<input type="checkbox"/> Final Mechanical Inspection	APPROVED BY _____ DATE _____
<input type="checkbox"/> Final Electrical Inspection	APPROVED BY _____ DATE _____
<input type="checkbox"/> Final Plumbing Inspection	APPROVED BY _____ DATE _____
<input type="checkbox"/> Final Structural Inspection	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 _____