

Request for Certificate of Occupancy or Completion

(Master and Sub Permits must be in final status before submitting this request; otherwise we will not accept your application)

Date:	Permit Number:
Job Address:	Parcel Number:
Unit/Suite #:	Occupancy/Use:
Number of Units for this CO request:	Change of Use From: _____ To: _____
Total square feet for this CO request:	Tenant Name:
Applicant or Contractor Name:	Owner or Business Name:
Applicant or Contractor Mailing address:	Owner or Business Mailing address:
Telephone Number:	Telephone Number:
E-Mail Address:	E-Mail Address:
Contact Name:	Contact Telephone Number:
Contact E-Mail Address:	
Your CAP Account Email Address for Billing Purpose:	

Office Use Only

Description:	Master Permit Status: _____ Pending/Open Permits: _____
Final Inspection(s) Passed: <input type="checkbox"/> F <input type="checkbox"/> PW <input type="checkbox"/> Z <input type="checkbox"/> B <input type="checkbox"/> ELV. CERT <input type="checkbox"/> FLOOD	Violations #: _____ YES <input type="checkbox"/> NO <input type="checkbox"/>
TCO NO: _____ EXPIRATION DATE: ____-____-____	Substantial Improvements: YES <input type="checkbox"/> NO <input type="checkbox"/> Unity of Title: YES <input type="checkbox"/>
Certificate Number:	Occupancy Group: _____ Change of Use: YES <input type="checkbox"/> NO <input type="checkbox"/>
Invoice No: _____ Amount Due: _____	Notes:
Payment(s): <input type="checkbox"/> YES <input type="checkbox"/> NO -- <input type="checkbox"/> PAID	Notification to customer (date):

Please send completed forms to: TCO-CO@miamibeachfl.gov