

Certificate Request Form

- Certificate of Completion
- Temporary Certificate of Occupancy (Public Use)
- Temporary Certificate of Occupancy (Stocking/Training Only)
- Certificate of Occupancy
- Partial Certificate of Occupancy

Project Name _____ Permit Number _____

Address _____

Requested Occupancy Date: _____ Inspection Date: _____

Group Occupancy: _____ Occupancy Load: _____

Construction Type: _____ Square Footage: _____

Timeframe TCO Needed (up to 90 days): _____

Special Conditions (TCO/PCO only): _____

(ex: specific area of building)

Note: Please read all instructions and fill in all portions of this application.

The Application must be submitted 7 days before the occupancy date.

Temporary Certificate of Occupancy

Upon written request by the permit holder, the Building Official may issue a temporary certificate of occupancy for a building or structure or a portion thereof, provided the building or structure to be occupied is satisfactory to the Building Official and meets all code requirements for sanitary facilities, means of egress, fire resistive separation, fire prevention and protection, structural adequacy and public life safety requirements, including adequate barricading of the work areas from the work area or areas to be occupied, have been inspected and approved by the Building Official and the Fire Marshall.

This "*Application for Temporary Certificate of Occupancy*" shall be accompanied by the following documents.

- A letter from the qualifier requesting how many days will be needed for the TCO and a detailed description of work that will not be complete on the requested occupancy date along with an estimated date of completion for the outstanding items.



**SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR'S DEPARTMENT**

6363 TAFT ST. SUITE 308
HOLLYWOOD, FL. 33024

OFFICE: (954) 894-1080 FAX: (954) 989-1571

EMAIL: BUILDINGDEPT@SEMTRIBE.COM

I (_____) am the licensed contractor and main permit holder of record who supervised the construction of work and am authorized to make this foregoing application.

Signature: _____ Date: _____

Company: _____ Phone: _____

Email: _____

If the applicant does not sign this application before the building official or his representative, the signature must be notarized below. Scan, send, and return the original to the Building Department.

STATE OF FLORIDA

COUNTY OF _____

Before me personally appeared to me well known and known to me to be the person who described in and who executed the foregoing instrument and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20 ____ A.D.

Notary Public State of Florida My Commission Expires: _____