



City of Sweetwater
BUILDING & ZONING DEPARTMENT

APPLICATION FOR: CO ____ CC ____ TCO ____ **Today's Date** ____/____/____
LOCATION ADDRESS: _____ UNIT # _____
SHELL PERMIT # _____ INTERIOR PERMIT # _____

REASON FOR TEMPORARY CO: List below all outstanding work which is to be completed in order to receive all final inspections and a permanent Certificate of Completion or Occupancy. Indicate if outstanding work is for shell or interior. _____

Note: Please read all instructions and fill in all portions of this application. This application must be submitted to the Building and Zoning Department Permit Records section and fees must be paid in order for the Temporary CC, CC or extension to be issued.

CONTRACTOR'S AFFIDAVIT:

This is to certify that I am aware of my responsibility to obtain all Final inspections and to obtain the required permanent CC/CO or an extension of the Temporary CC/CO as described in the attached. Sanctions against my license may be imposed for failure to obtain all necessary finals and the Permanent Certificate of Completion or Occupancy.

COMPANY NAME: _____

QUALIFIER: _____
(PRINTNAME)

(QUALIFIER'S SIGNATURE)

CC# _____

TELEPHONE _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
Day of _____, 20 _____

(SEAL) _____

Personally known or Produced Identification
Type of ID: _____

(NOTARY SIGNATURE)

OWNER AFFIDAVIT

I UNDERSTAND THAT MY EXECUTION OF THIS APPLICATION AND ADREEMENT INCLUDES AUTHORIZATION FOR THE CITY OF SWEETWATER BUILDING AND ZONING DEPARTMENT TO ORDER, WITHOUT NOTICE TO ME, FLORIDA POWER & LIGHT COMPANY OR ANY OTHER ELECTRIC UTILITY COMPANY TO DISCONNECT ELECTRICAL POWER TO THE PROPERTY UPON FAILURE TO OBTAIN ALL FINAL INSPECTIONS AND A PERMANENT CO. I FURTHER UNDERSTAND THAT FAILURE TO OBTAIN FINAL INSPECTIONS AND A PERMANENT CO WILL RESULT IN A TICKER BEING ISSUED.

Print Name: _____

ADDRESS _____

TELEPHONE _____

(SIGNATURE OF OWNER)

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
Day of _____, 20 _____

(SEAL) _____

Personally known or Produced Identification
Type of ID: _____

(NOTARY SIGNATURE)



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The Inspector must approve those categories indicated below for Temporary Occupancy. Inspector must verify outstanding work listed and verify that all code provisions relating to public safety have been met prior to granting temporary approval.

Permit # _____ Shell ____ Interior ____

<u>CATEGORIES</u>	<u>SIGNATURE</u>	<u>DATE</u>	<u>COMMENTS</u>
BUILDING:	_____	___/___/___	_____
ROOFING:	_____	___/___/___	_____
ELECTRICAL:	_____	___/___/___	_____
PLUMBING:	_____	___/___/___	_____
MECHANICAL:	_____	___/___/___	_____
ZONING:	_____	___/___/___	_____

THE FOLLOWING MUST BE RELEASED IN ORDER TO APPLY FOR TEMPORARY CO/CC:

- *PUBLIC WORKS: _____
- *D.E.R.M: _____
- *ZONING: _____

_____ 1ST TCO _____ Extension _____ BORA



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