



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)



City of Sweetwater

BUILDING & ZONING DEPARTMENT

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 ____

| CATEGORIES | SIGNATURE | DATE | COMMENTS |
|-------------|-----------|----------------|----------|
| 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: _____

*FIRE TCO APPROVAL _____

_____ 1ST TCO _____ Extension _____ BORA



City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172

Phone (305) 485-4526

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

3 % surcharge will be applied to each transaction made.

Please complete the information below:

I _____ authorize City of Sweetwater to charge my credit card
(Full name)
account indicated below for _____ on or after _____. This payment
(Amount) (Date)
is for _____.
(Description of goods/service)

Billing Address _____

Phone # _____ Email _____

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ CVV2: _____

Account Type: Visa ____ Master Card ____ American express ____ Discovery ____

Signature _____

Date _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.