



City of Miami
BUILDING DEPARTMENT

CERTIFICATION REQUEST FORM

Rev. 01-07-2015

IMPORTANT: This form must be completely filled out.

Today's Date: _____

Permit Number: _____ Folio Number: _____

Job Address: _____ Unit/ Suite: _____

Contact Number 1: _____ Contact Number 2: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Select the appropriate Certification

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> CO (Certificate of Occupancy) | <input type="checkbox"/> CC (Certificate of Completion) |
| <input type="checkbox"/> TCO (Temporary Certificate of Occupancy) | <input type="checkbox"/> TCC (Temporary Certificate of Completion) |
| <input type="checkbox"/> TCO (Extension) | <input type="checkbox"/> TCC (Extension) |

Select the applicable Zoning use

- Commercial**
Total # of Commercial Sq. Ft. _____
Occupant Load: _____
- Residential**
Total # of units: _____
- Commercial & Residential**
Total # of Commercial Sq. Ft. _____
Occupant Load: _____
Total # of Residential units: _____

<p>Automatic Sprinkler Installed ?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Intended / Current Use of the Property: _____

(Retail, Retail & Office, Multifamily, Medical Office)

Zoning Approval Required: YES NO