

## 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**  
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HOLLYWOOD, FL. 33024  
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EMAIL: [BUILDINGDEPT@SEMTRIBE.COM](mailto: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: \_\_\_\_\_