



**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](mailto:BUILDINGDEPT@SEMTRIBE.COM)

## Certificate Request Form

- Certificate of Completion
- Temporary Certificate of Occupancy
- 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: \_\_\_\_\_

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

The Application must be submitted 7 days prior to 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 to be satisfactory of the Building Official and met 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 detailed description of work that will not be complete on the requested occupancy date.

\_\_\_\_\_  
\_\_\_\_\_

- A letter from the owner or tenant who will be occupying the building or structure, or portion thereof during the conditional occupancy acknowledging that only a temporary certificate of occupancy will be issued, that physical occupancy by them is voluntary and that if the permit holder fails to complete the building or structure, or portion thereof, and obtain a permanent certificate of occupancy within 90 days they will be required to vacate the premises. Inspection by the Building Official and Fire Marshall will determine if continued occupancy is authorized.



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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 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: \_\_\_\_\_

For Official Use Only below this line

**REQUIRED INSPECTIONS TO BE SIGNED OFF BY THE INSPECTOR:  
 THIS EXECUTED FORM MUST BE ON SITE AT THE TIME OF INSPECTION.**

**Building;** \_\_\_\_\_ **Plumbing;** \_\_\_\_\_ **Electrical;** \_\_\_\_\_

**Mechanical;** \_\_\_\_\_ **Fire;** \_\_\_\_\_ **Engineering;** \_\_\_\_\_

**Environmental;** \_\_\_\_\_ **Planning/Zoning;** \_\_\_\_\_ **Health;** \_\_\_\_\_

**Date of Inspections:** \_\_\_\_\_

**Building Official** \_\_\_\_\_

**Date** \_\_\_\_\_

**WHEN ALL INSPECTIONS ARE COMPLETE AND SIGNED OFF, PLEASE RETURN/EMAIL THE COMPLETED FORM TO THE TRIBAL INSPECTOR'S OFFICE OR CALL 954-894-1080 FOR AN APPROVED TEMPORARY CERTIFICATE OF OCCUPANCY/CERTIFICATE OF OCCUPANCY.**