Certificate of Occupancy Request Form

Commercial Only



[[]	☐ Certificate of Occupancy C/O☐ Temporary T/C/O☐ Certificate of Completion C/C	(New Building) (Incomplete new Building) (Interior Alterations)	
Date:			
Perm	nit Number:	Bldg. Code Edition:	
PCN #:		Use & Occupancy:	
Perm	nit Address:	Type of Construction:	
Date	of Permit Issuance:		
A builtor str provide this co	ructure or portion thereof shall not be maded herein. Issuance of a certificate of occode or of other ordinances of the jurisdic rovide ONE pdf document with the following (co		of occupancy therefor as
Applica			Dida Dankilla
Check:	All Required Inspections Complete	ed (Copy of Signed Card(s))	Bldg. Dept Use
	Final Fire Approval		
	Final Survey (signed by surveyor) 8	k matching Site Plan	
	Final Engineer of Record Certificati	on Letter	
	Final Elevation Certificate		
	Elevator State Certification		
	Envelope Leakage or Mechanical E	Balance Test Report	
	Final City Engineer Approval		
	Final Drainage Certification		
	Final Landscape Certification		

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	Photometrics Report	
	Geotechnical Reports	
	Insulation Certificate	
	Palm Beach County Fire Dept. Final Inspection Reports	
	Palm Beach County Health Dept. Final Inspection Report	
	South Florida Water Management District Final Approval	
	Termite/Pest Control Inspection Certification	
	Seminole Improvement District Final Certification	
	AFFIDAVIT OF COMPLETENESS AND ACCURACY	
NSTRI	JCTIONS: To be completed by the permit applicant: Contractor/Authorized Signatory of Contractor or Owner Builder.	
STATE	MENT OF COMPLETENESS AND ACCURACY	
certif	y the statements submitted herewith are true and correct. I understand that any knowingly false, inaccurate, or incomple	ete informatio
rovid	ed by me will result in the assessment of additional fee, or denial, revocation, suspension, or administrative withdrawal o	f this applica

resulting permit. I further acknowledge that additional information may be required by The City of Westlake to process this application.

Signature

License Number (If Contractor or Their Signatory)

Check (v) one: I am the [] Contractor [] Authorized Signatory of the Contractor, [] Owner/Builder.

Name (Type, Stamp, or Print Clearly)

Name of Firm (If Applicable)

Phone Number of Applicant

*This checklist is a guideline to minimum submittal requirements for issuance of a Certificate of Occupancy. It is not intended to be comprehensive in nature. Specific work may require additional documentation. All work must demonstrate compliance with current codes and standards.

Email Address of Applicant