



TOWN OF MIAMI LAKES
BUILDING DEPARTMENT
15700 Northwest 67th Avenue, Suite 101
Miami Lakes, Florida 33014
Telephone: (305) 827-4015
Facsimile: (305) 558-9884

CERTIFICATE OF COMPLETION APPLICATION (C.C)

Date: _____ Folio#: 32- _____
Master Building Permit #: _____ Square Footage of Space: _____
Contracting Company: _____
Owner/Tenant: _____
Lot: _____ Block: _____ Subdivision: _____
Street Address: _____

Signature of applicant verifies the above information is true and correct. The Temporary Certificate of Occupancy is issued to the above named for building at the above location only upon the express provisions that the applicant will be able by and comply with all conditions of the Zoning ordinances and all ordinances of the Town of Miami Lakes and/or Florida Building Code pertaining to erection, construction or remodeling of buildings or structures. This also certifies that the electrical wiring and or equipment, and the plumbing work has been inspected and approved.

Print Name of Applicant or Qualifier

Signature of Applicant or Qualifier

FOR OFFICE USE ONLY

CC Number: _____ Fee: _____
Expiration Date: _____ Technology Fee: _____
Approved Use for Occupancy: _____ Total: _____
Remarks: _____
Building Official/Designee: _____

Inspections:

Zoning	Yes/No	Landscaping	Yes/No
Building	Yes/No	Fire Sprinkler	Yes/No
Electrical	Yes/No	Fire	Yes/No
Mechanical	Yes/No		