



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 OCCUPANCY APPLICATION (C.O.)**

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 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**

CO Number: \_\_\_\_\_

Fee: \_\_\_\_\_

Approved Use for Occupancy: \_\_\_\_\_

Technology Fee: \_\_\_\_\_

Base Flood: \_\_\_\_\_

Total: \_\_\_\_\_

Lowest Floor Elevation: \_\_\_\_\_

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