



6601 Main St • Miami Lakes, Florida, 33014 Office:
(305) 827-4015 • Fax: (305) 558-9884
Website: www.miamilakes-fl.gov

CERTIFICATE OF COMPLETION APPLICATION (C.C.)

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

Signature of applicant verifies the above information is true and correct. The Certificate of Completion 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

C.C. Number: _____ Fee: _____
Technology Fee: _____
Base Flood: _____ Total: _____
Lowest Floor Elevation: _____
Remarks: _____
Building Official/Designee: _____

Inspections:

Zoning	YES / NO	Plumbing	YES / NO
Building	YES / NO	Fire Sprinkler	YES / NO
Electrical	YES / NO	Fire	YES / NO
Mechanical	YES / NO		