



# CITY OF COOPER CITY BUILDING DEPARTMENT

PHONE: 954-434-4300  
EXT #230, #227, #279  
FAX: 954-680-1439

## CERTIFICATE OF OCCUPANCY CHECK LIST COMMERCIAL

Submit the following documents to the building department to obtain a **Certificate of Occupancy**.

**CONTRACTOR:** \_\_\_\_\_  
**JOB ADDRESS:** \_\_\_\_\_  
**PERMIT #:** \_\_\_\_\_ **LOT:** \_\_\_\_\_ **BLOCK:** \_\_\_\_\_  
**SUBDIVISION:** \_\_\_\_\_

**STAFF USE ONLY**

DOCUMENT	SUBMITTAL DATE	STAFF INITIAL
Permit Card		
Sub Contractors List ( Signed by Qualifier )		
Insulation Certificate		
Soil Treatment Certificate		
Energy Calculation Card (If Applicable)		
One ( 1 ) Set of Final Floor Plan for Commercial Property-Interior- (Fire Dept Requirement)		
Signed & Sealed Elevation Certificate Form		
Signed and Sealed Final Survey-(If Applicable)		
<b>STAFF USE ONLY:</b>		
Department of Environmental Protection Form ( Staff )		
DPEP Letter giving approval to plans with Conditional Stamp-(If Applicable) ( Staff )		
Occupational License – (If Applicable) ( Staff )		

The above documents have been reviewed by me and to the best of my knowledge meet all the requirements and approvals for the issuance of a **Certificate of Occupancy**.

STAFF SIGNATURE \_\_\_\_\_



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**SUB-CONTRACTORS LIST  
NO SUPPLIERS**

DATE: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
 PERMIT #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND PRESENTED TO THE BUILDING DEPARTMENT BEFORE THE TIME OF THE FINAL INSPECTION REQUEST FOR A CERTIFICATE OF OCCUPANCY.

THIS PROPERTY AND SURROUNDING PROPERTY MUST BE CLEARED OF ALL BUILDING AND LANDSCAPING DEBRIS.

**NOTE:**  
 IF THE GENERAL CONTRACTOR HAS NOT TAKEN OUT THE SOCIAL SECURITY AND WITHHOLDING TAXES FROM ANY WORKMAN'S PAY, THE WORKMAN IS NOT CONSIDERED AN EMPLOYEE UNDER FEDERAL LAW AND CANNOT BE CLASSED AS DAY LABOR, AND MUST BE LISTED HEREUNDER. THIS FORM IS SUBJECT TO INSPECTION BY THE OFFICE OF COLLECTOR OF INTERNAL REVENUE.

ALL CONTRACTORS OR SUB-CONTRACTORS, WHO HAVE PERFORMED WORK ON THIS JOB FOR THE CONTRACTED PRICE, ARE AS FOLLOWS:

TYPE OF SERVICE	COMPANY NAME	ADDRESS & TELEPHONE #	LICENSE#
ACOUSTICAL TILE,ETC.			
AIR CONDITION & HEATNG			
AWNINGS,CANOPIES, HUTTERS			
BATH ENCLOSURES			
CABINETRY			
CARPENTERING			
CEMENT FINSIHER			
CONCRETE FINISHER			
CONCRETE FORMING			
CONCRETE, STEEL ERECTION			
CRANE SERVICE			
ELECTRIC			



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<b>TYPE OF SERVICE</b>	<b>COMPANY NAME</b>	<b>ADDRESS &amp; TELEPHONE #</b>	<b>LICENSE#</b>
EXCAVATING			
FENCES			
FIREPLACES, ETC			
FIRE SPRINKLER			
FLOORING, ALL TYPES			
GARAGE DOORS			
GAS INSTALLATION			
INSULATION			
LOW VOLTAGE			
MASONRY, BLOCK, BRICK			
METAL WORK			
PAVING			
PLASTERING			
PLUMBING			
REFRIGERATION			
ROOFING			
SCREEN ENCLOSURES			
SEPTIC TANK			
SIDEWALKS			
SITE LIGHTING			
SITE WORK			
SOD & LANDSCAPING			
SOUND SYSTEM			



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**LIST OF SUB-CONTRACTORS  
NO SUPPLIERS**

TYPE OF SERVICE	COMPANY NAME	ADDRESS & TELEPHONE #	LICENSE#
STEEL PLACING			
SURVEY			
SWIMMING POOL			
TERMITE CONTROL			
TIE BEAM			
TRUSS			
WALLS			
WELL & IRRIGATION SYSTEM			
WINDOWS / DOORS			

I HEREBY STATE THE THE ABOVE LIST OF SUB-CONTRACTORS IS COMPLETE AND TRUE AND THAT I AM THE OWNER / BUILDER OF THE ABOVE AND THAT NO GENERAL CONTRACTOR WAS EMPLOYED IN ANY WAY WHATEVER, AND HEREBY REQUEST THAT OCCUPANCY IS PERMITTED FOR THE ABOVE PROPERTY.

\_\_\_\_\_  
OWNER / BUILDER

I HEREBY STATE THAT THE ABOVE LIST OF SUB-CONTRACTORS IS COMPLETE AND TRUE AND REQUEST THAT OCCUPANCY BE PERMITTED FOR THE ABOVE PORPERTY.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
LICENSED CONTRACTOR NAME

\_\_\_\_\_  
STATE LICENSE #: