



**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)		
Commercial Property Owner's Affidavit of Compliance with Storm Shutter Ordinance No. 18-4-1		
STAFF USE ONLY:		
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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SUB-CONTRACTORS LIST NO SUPPLIERS
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TYPE OF SERVICE	COMPANY NAME	ADDRESS & TELEPHONE #	LICENSE#
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.

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

OWNER / BUILDER

COMPANY NAME

LICENSED CONTRACTOR NAME

STATE LICENSE #:



Greg Ross, Mayor
John Sims, Commissioner
Lisa Mallozzi, Commissioner
James C. Curran, Commissioner
Jeff Green, Commissioner
Bruce D. Loucks, City Manager

COMMERCIAL PROPERTY OWNER’S AFFIDAVIT OF COMPLIANCE WITH STORM SHUTTER ORDINANCE NO. 18-4-1

To: City of Cooper City Building Department
9090 S.W. 50th Place
Cooper City, Florida 33329-0910

Re: Owner’s Name: _____

Property Address: _____

Dear Building Official:

I _____, certify that (check one):

I am in possession of the storm shutters required by Section 6-10(c) of the City Code of Cooper City. The storm shutters are properly maintained and organized for use, and the storm shutters will be used in accordance with Section 6-10 of the City Code. I will continue to repair, maintain, and utilize the required storm shutters in compliance with the City Code.

The property referenced above has hurricane impact windows and doors.

Signature of Owner

Print Name

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____ by _____, who is personally known to me or who have/has produced _____ as identification.

Notary Public, State of Florida

Print Name of Notary

Commission No.: _____
Commission Expires: _____
(Affix Seal)

