



**The city of
bright opportunities**
   @opalockafl

**BUILDING PERMITTING AND LICENSING
780 FISHERMAN STREET
OPA-LOCKA, FL 33054
305-953-2868**

**FLOOR ELEVATION CERTIFICATE
IS REQUIRED PRIOR TO THE ISSUANCE
OF A CERTIFICATE OF OCCUPANCY**

**Application for CERTIFICATE OF COMPLETION or
CERTIFICATE OF OCCUPANCY**

JOB ADDRESS: _____ BUILDING PERMIT NO: _____

TAX FOLIO NO: _____ PROPERTY OWNER: _____

LOT: _____ BLOCK _____ SUBDIVISION: _____ PB: _____

TYPE OF WORK: _____

PERMIT TYPE **PERMIT NUMBER** **DATE OF APPROVED FINAL INSPECTION**

Building	_____	_____
Mechanical	_____	_____
Electrical	_____	_____
Plumbing	_____	_____
Roofing	_____	_____

Other (State Type)

I hereby state that

above and that no General Contractor was employed in any way whatsoever, and I hereby request that occupancy be permitted for the above property.

If Contractor:

I hereby request occupancy be permitted for the above property.

OWNER/BUILDER **DATE**

CONTRACTOR **DATE**

BUILDING DIRECTOR **DATE**

This application must be completed in full by the Owner/Builder or Contractor of Record to expedite processing.

Contact Person _____

Telephone: _____