



# City of Miami Gardens

Development Services - Building Services  
 18605 NW 27<sup>th</sup> Avenue, City Hall, 1<sup>st</sup> Floor  
 Miami Gardens, Florida 33056  
 305-622-8027 (Office) 305-626-4220 (Fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## CO/CC OR TCO/TCC APPLICATION

It has been determined by the Building Official that a Certificate of Occupancy will be required. In order to expedite that requirement, please complete and return to us the required documents signed sealed and notarized if applicable together with a signed sealed copy of your final survey and Elevation Certificate.

This office must receive these documents five (5) business days prior to the time the Certificate of Occupancy/Certificate of Completion is required. All required inspections will then be scheduled within this five (5) business day's period.

If your project includes any deadlines, which must be met, this office should be contacted at least five (5) business days prior to that date so that we can address any problems that may impact the completion of the job.

**PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL APPLICABLE CONTRACTORS ARE PREPARED FOR THEIR FINAL INSPECTIONS.**

Your consideration will insure a minimum of delays in this issuance of your Certificate of Occupancy.

**NOTE:** A Certificate of Occupancy cannot be issued if the structure does not match the approved plans on file in this office and all permit cards and inspection history must be submitted with this package, do not leave any blank spaces.

### Instructions for Preparing a TCO/TCC Request

A TCO/TCC is requested when the majority of the construction is completed and only minor issues remain. The job must comply with all American with Disabilities Act (ADA) and life safety requirements. A written request must be submitted to the attention of the Building Official, Osvaldo Diaz. The letter must be typed on a General Contractor Company's letterhead and it must bear the signature of the qualifier. Requests will not be considered without the following information:

1. Include the permit number and job address.
2. State the reason for the request. Applicant must show a hardship.
3. Identify the specific area(s) included for the request, if the job is being completed in phases.
4. State the issues that are pending for final CO/CC approval.
5. State the number of days that you would need for the request.
6. Include a contact name and telephone number.
7. Include the following sentence: "We hereby hold harmless and release the Building Services Division and Miami-Dade Fire Department from any liability that may arise during the use of designated areas in the aforementioned facility while under the limitation of the Temporary Certificate of Occupancy or Temporary Certificate of Completion."
8. Include the following sentence: "We hereby certify that all means of egress shall be kept clear and accessible and that all life safety systems will be maintained and operable at all times while the building is being occupied."

Requests must be made in person following prior approval. Requests will not be accepted without the qualifier's signature.

Once reviewed, we will call the contact person and inform that person of the results. If approved, we will advise you of the fee and schedule the necessary inspections. It is the responsibility of the contractor to request TCO/TCC inspection(s) from the Fire Department if a fire final has not been obtained. A copy of the approved final fire inspection from the Miami-Dade Fire Department must be at the jobsite at the time of inspection. If you have any further questions, please feel free to contact the building department at 305-622-8000.

Building Official for the City of Miami Gardens



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## UNIFORM MUNICIPAL CO/CC OR TCO/TCC INSPECTION REPORTING FORM

Master Permit No. \_\_\_\_\_ Miami-Dade County  
 from Municipality: \_\_\_\_\_ Municipal Permit No. (MBLD): \_\_\_\_\_

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Project Name: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ Qualifier's Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

This Uniform Municipal TCO/TCC Inspection Reporting Form is used to gather trade approvals for Temporary Certificate of Occupancy (TCO) or Completion (TCC). Once validated by the Municipal Building Department personnel, the form must be present at the job site for the field inspectors. When all approvals have been obtained, take the signed form back to the Municipal Building Department for TCO/TCC issuance.

**1** Form Validated by \_\_\_\_\_ Date: \_\_\_\_\_  
 Bldg. Dept. Personnel: \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

All "Required" TCO/TCC inspections indicated below must be signed "Approved" before certificate issuance.

Req'd.	Trade	Inspector's Name	Approval Signature	Date	Comments
D	Building				
D	Electrical				
D	Fire				
D	Mechanical				
D	Plumbing				
D	Public Works				
D	Zoning				
D	Other				

Important Note: The TCO/TCC is not valid and building and/or space may not be occupied unless signed by the Building Official. Occupying the building and/or space without obtaining a TCO/TCC issued by the Municipal Building Department is prohibited and is in violation of the Florida Building Code Section 110.3.

Building Official's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**3** D 1<sup>st</sup> TCO/TCC \_\_\_\_\_ D Extension \_\_\_\_\_ TCC/TCO Duration: \_\_\_\_\_

Conditions of TCO/TCC:

- If Master Permit expires, the TCO/TCC will automatically be revoked and the space must be vacated.
- A TCO/TCC may be revoked if any action by the contractor, owner or tenant creates any code violation affecting the proper occupancy of the area.
- Any TCO/TCC that expires without renewal or has been revoked can result in a notice of violation, civil violation and/or disconnection of utility services.
- Other conditions: \_\_\_\_\_



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## WE REQUIRE THE FOLLOWING INFORMATION TO DETERMINE CERTIFICATE OF OCCUPANCY

1. OWNER/TENANT/LESSEE: \_\_\_\_\_
2. APPLICANT NAME: \_\_\_\_\_
3. CONTACT TEL NO.: \_\_\_\_\_
4. PERMIT NO.: \_\_\_\_\_
5. PREVIOUS USE: \_\_\_\_\_
6. NO. OF UNITS: \_\_\_\_\_
7. CURRENT USE: \_\_\_\_\_
8. IMPACT FEES: \_\_\_\_\_
9. VALUE OF WORK: \_\_\_\_\_
10. TOTAL AREA (SQ/ FT): \_\_\_\_\_
11. OCCUPANCY LOAD: \_\_\_\_\_
12. AUTO SPRINKLER SYS: \_\_\_\_\_
13. EFFECTIVE FL BLDG CODE: \_\_\_\_\_
14. DESCRIPTION OF STRUCTURE TYPE OF WALLS & MAIN ROOF: \_\_\_\_\_
15. TYPE OF CONSTRUCTION (please select only one & specify)
  - a) Type I -  A or  B
  - b) Type II -  A or  B
  - c) Type III -  A or  B
  - d) Type IV
  - e) Type V -  A or  B
16. OCCUPANCY CLASSIFICATION (please select only one & specify)
  - a) Assembly: Groups A-1, A-2, A-3, A-4, A-5
  - b) Mercantile: Groups M
  - c) Business: Group B
  - d) Residential: Groups R-1, R-2, R-3, R-4
  - e) Factory and Industrial: Groups F-1 or F-2
  - f) Storage: Groups S-1, S-2
  - g) Educational: Group E
  - h) Utility & Miscellaneous: Group U
  - i) Institutional: Groups I-1, I-2, I-3
  - j) Day care: Group D
  - k) High Hazard: Groups H-1, H-2, H-3, H-4, H5

NOTE: DO NOT LEAVE ANY BLANK SPACES AND SPECIFY,  
ALL ORIGINAL PERMIT CARDS MUST BE SUBMITTED WITH THIS PACKAGE.



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## APPLICATION FOR FINAL INSPECTION & CERTIFICATE OF OCCUPANCY

BUILDING DEPARTMENT

Date: \_\_\_/\_\_\_/\_\_\_

Address of Job: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Folio No.: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Note: SUBMIT COMPLETION SURVEY WITH THIS APPLICATION. If you have not taken out Social Security and Withholding Taxes for the Person's pay he is not and employee under FEDERAL LAW, and cannot be classed as DAY LABOR, and must be listed hereunder. This form is subject to inspection but the office of the Collector of Internal Revenue. All contractors and sub-contractors who have contracted work for the stipulated amount and have performed WORK ON THE JOB are as follows:

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
1. Air Conditioning	_____	_____	_____
2. Cabinets	_____	_____	_____
3. Carpentry	_____	_____	_____
4. Concrete Placement	_____	_____	_____
5. Electrical	_____	_____	_____
6. Elevator	_____	_____	_____
7. Flooring	_____	_____	_____
8. Garage Doors	_____	_____	_____
9. Glassing	_____	_____	_____
10. Heating	_____	_____	_____
11. Hoist	_____	_____	_____
12. Insulation	_____	_____	_____
13. Kitchen	_____	_____	_____
14. Equipment	_____	_____	_____
15. Land Cleaning	_____	_____	_____
16. Landscaping	_____	_____	_____
17. Concrete Block	_____	_____	_____
18. Metal: Air Ducts	_____	_____	_____
19. Painting	_____	_____	_____



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Contractors and Sub-Contractors List Continues

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
20.	Paving	_____	_____
21.	Piling	_____	_____
22.	Plastering	_____	_____
23.	Plumbing	_____	_____
24.	Roofing	_____	_____
25.	Scaffolding	_____	_____
26.	Septic Tank	_____	_____
27.	Signs	_____	_____
28.	Soil Compaction	_____	_____
29.	Solar System	_____	_____
30.	Sprinklers: Fire	_____	_____
31.	Sprinkler: Lawn	_____	_____
32.	Steel Contractor	_____	_____
33.	Surveyor	_____	_____
34.	Swimming Pool	_____	_____
35.	Acoustical Tile	_____	_____
36.	Well Drilling	_____	_____
37.	Windows:	_____	_____
38.	Miscellaneous	_____	_____



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To: Development Services - Building Services  
c/o Building Official  
18605 NW 27<sup>th</sup> Ave, City Hall, 1<sup>st</sup> Floor  
Miami Gardens, FL 33056

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned hereby certify that the Building constructed under Building Permit Number: \_\_\_\_\_ has been completed in conformity with the Building Department of the City Miami Gardens under the above permit and that all changes (Revisions) in reference to this structure have been filed and accepted by the Building Review Section.

No temporary or final Certificate of Completion will be issued until this form is executed.

The owner certifies that the actual cost of construction is the same as that provided on the permit application. If not, the new cost is \$ \_\_\_\_\_.

\_\_\_\_\_  
Print Owner's Name

\_\_\_\_\_  
Signature of Owner

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known To Me     Or Procured Identification

Type of Identification: \_\_\_\_\_ Expiration Data: \_\_\_\_\_.

Did Take Oath                       Did Not Take Oath

\_\_\_\_\_  
Signature of Notary Public

Seal:

\_\_\_\_\_  
Print Qualifier's Name

\_\_\_\_\_  
Signature of Qualifier

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known To Me     Or Procured Identification

Type of Identification: \_\_\_\_\_ Expiration Data: \_\_\_\_\_.

Did Take Oath                       Did Not Take Oath

\_\_\_\_\_  
Signature of Notary Public

Seal:



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## FIRE PENETRATION AFFIDAVIT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reference: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
Job Site Address: \_\_\_\_\_

I, \_\_\_\_\_, the qualifying agent for \_\_\_\_\_, C.C. Number \_\_\_\_\_, hereby certify that all penetrations through walls, ceilings, floors, and other barriers, resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatics, and penetrations from similar building service equipment's installed in connection with the above permit has been protected by approved materials or devices meeting the acceptance criteria AMERICAN SOCIETY FOR TESTING MATERIALS E814 and have been installed by qualified persons in accordance with manufacturer's specifications and in compliance with Florida Building Code.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

Witness:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### Acknowledgement

STATE OF FLORIDA

COUNTY OF DADE

Sworn to and subscribed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known To Me     Or Procured Identification

Type of Identification: \_\_\_\_\_ Expiration Data: \_\_\_\_\_.

Did Take Oath                       Did Not Take Oath

\_\_\_\_\_  
Signature of Notary Public

Seal:

NOTE: TO BE GIVEN TO THE BUILDING INSPECTOR AT THE TIME OF THE FRAMING INSPECTION & ENGINEERING INSPECTOR AT THE TIME THE CERTIFICATE OF OCCUPANCY. \_



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## ENGINEERING/ARCHITECTURAL APPROVAL

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

To: City of Miami Gardens  
Building Services Division  
18605 NW 27<sup>th</sup> Ave  
Miami Gardens, FL 33056

To whom it may concern:

This office has inspected the job at \_\_\_\_\_ found it to have been built according to the approved plans and specifications as prepared by this office.

This building is structurally designed in accordance with good engineering and architectural practice and is in compliance in all respects with local building code requirements.

I, therefore, recommend that approval be granted and a FINAL CERTIFICATE OF OCCUPANCY be issued for the above subject premises.

\_\_\_\_\_  
Architect/Engineer Signature (Required)  
<SEAL REQUIRED>





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## CERTIFICATE OF OCCUPANCY CHECKLIST

Address: \_\_\_\_\_ Folio No.: \_\_\_\_\_

TCO / CO.: \_\_\_\_\_

### C.O. Requirements

- \_\_\_ Final Accessibility Inspection
- \_\_\_ Final Electrical Inspection
- \_\_\_ Final Plumbing Inspection
- \_\_\_ Final Mechanical Inspection
- \_\_\_ Final Fire Inspection (Alarms & Sprinklers)
- \_\_\_ Final Building Inspection
- \_\_\_ Final Elevator
- \_\_\_ Final Engineering
- \_\_\_ Final Planning & Zoning
- \_\_\_ Final Concurrency (if you have a Zoning App)
- \_\_\_ Final Public Works
- \_\_\_ Fire Approval for CO
- \_\_\_ Chief's Final Approval Signature
- \_\_\_ Glazing Inspection (Threshold)
- \_\_\_ Concrete Test (50 CU-YD)
- \_\_\_ Final Elevation Certificate W/Pictures (2 copies)
- \_\_\_ Fire Penetration Affidavit
- \_\_\_ Soil Density Report
- \_\_\_ Insulation Certificate
- \_\_\_ Termite Treatment Certificate
- \_\_\_ Sub-Contractors List
- \_\_\_ Pile Log
- \_\_\_ Threshold/Special Inspector Log and Statement
- \_\_\_ Signed & Sealed Engineer/Architect Approval Letter
- \_\_\_ Flood proofing Certificate (2 copies)
- \_\_\_ Landscaping Architect Affidavit
- \_\_\_ Owner/Qualifier/Engineer Affidavit
- \_\_\_ Final Survey
- \_\_\_ Certificate's Fee
- \_\_\_ Water & Sewer Compliance Form 89-95
- \_\_\_ Original Permit Cards with Inspection History

### T.C.O. Requirements

- \_\_\_ Partial Final Accessibility Inspection
- \_\_\_ Partial Final Electrical Inspection
- \_\_\_ Partial Final Plumbing Inspection
- \_\_\_ Partial Final Mechanical Inspection
- \_\_\_ Partial Final Fire Inspection (Alarms & Sprinklers)
- \_\_\_ Partial Building Inspection
- \_\_\_ Partial Final Elevator
- \_\_\_ Partial Final Engineering
- \_\_\_ Partial Final Planning & Zoning
- \_\_\_ Partial Final Concurrency (if you have a Zoning App)
- \_\_\_ Partial Public Works
- \_\_\_ Fire Approval for TCO
- \_\_\_ Chief's Approval Signature for TCO
- \_\_\_ Glazing Inspection (Threshold)
- \_\_\_ Concrete Test (50 CU-YD)
- \_\_\_ Elevation Certificate (2 copies)
- \_\_\_ Fire Penetration Affidavit
- \_\_\_ Soil Density Report
- \_\_\_ Insulation Certificate
- \_\_\_ Termite Treatment Certificate
- \_\_\_ Sub-Contractors List
- \_\_\_ Certificate's Fee
- \_\_\_ Water & Sewer Compliance Form 89-95
- \_\_\_ Original Permit Cards with Inspection History

**NOTE:** THE BUILDING DEPARTMENT HAS CREATED THIS CHECK LIST TO HELP THE APPLICANT SUBMIT THE DOCUMENTS NEEDED FOR A CO/TCO. ONLY SELECT WHAT IS APPLICABLE TO SCOPE OF WORK.

OMB No. 1660-0008  
Expires July 13, 2015

Federal Emergency Management Agency  
National Flood Insurance Program

Important: Read the instructions on pages 1-8.

<b>SECTION A - PROPERTY INFORMATION</b>			For Insurance Company Use:	
A1. Building Owner's Name			Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Company NAIC Number	
City	State	ZIP Code		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: NAD 1927 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.				
A7. Building Diagram Number _____				
A8. For a building with a crawl space or enclosure(s), provide			A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) _____ sq ft			a) Square footage of attached garage _____ sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____			b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____	
c) Total net area of flood openings in A8.b _____ sq in			c) Total net area of flood openings in A9.b _____ sq in	
d) Engineered flood openings? <input type="checkbox"/> YES <input type="checkbox"/> NO			d) Engineered flood openings? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>					
B1. NFIP Community Name & Community Number CITY OF MIAMI GARDENS # 120345		B2. County Name Miami-Dade		B3. State Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA    Yes <input type="checkbox"/> No <input type="checkbox"/>					

<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>					
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction					
*A new Elevation Certificate will be required when construction of the building is complete.					
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.					
Benchmark Utilized _____ Vertical Datum _____					
Conversion/Comments _____					
Check the measurement used.					
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			
b) Top of the next higher floor	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			
d) Attached garage (top of slab)	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			
f) Lowest adjacent (finished) grade (LAG)	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			
g) Highest adjacent (finished) grade (HAG)	_____ feet	<input type="checkbox"/> meters (Puerto Rico only)			

<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.					
<input type="checkbox"/> Check here if comments are provided on back of form.					
Certifier's Name		License Number			
Title		Company Name			
Address		City		State    ZIP Code	
Signature		Date		Telephone	
					PLACE SEAL HERE

<b>IMPORTANT:</b> In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
<b>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</b>	<b>Policy Number</b>
City _____ State _____ ZIP Code _____	<b>Company NAIC Number</b>

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_ | feet | meters | above or | below the HAG.
  - b) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_ | feet | meters | above or | below the LA
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  
 Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_  Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8. and G9.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4.-G9.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum

G10. Community's design floor elevation: \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachment

## Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			For Insurance Company Use: Policy Number
City	State	ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

<p style="text-align: center;">PICTURE # 1</p>   <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center;">PICTURE # 2</p>   <p style="text-align: center;">DATE TAKEN</p>
<p style="text-align: center;">PICTURE # 3</p>   <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center;">PICTURE # 4</p>   <p style="text-align: center;">DATE TAKEN</p>

SAMPLE

## Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			For Insurance Company Use: Policy Number
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<p style="text-align: center; font-size: 1.2em;">PICTURE # 1</p>  <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center; font-size: 1.2em;">PICTURE # 2</p>  <p style="text-align: center;">DATE TAKEN</p>
<p style="text-align: center; font-size: 1.2em;">PICTURE # 3</p>  <p style="text-align: center;">DATE TAKEN</p>	<p style="text-align: center; font-size: 1.2em;">PICTURE # 4</p>  <p style="text-align: center;">DATE TAKEN</p>

SAMPLE