



North Bay Village

1666 Kennedy Causeway, Suite 101 North Bay Village, FL 33141
Tel: (305) 754-6740 Fax: (305) 756-7722 Website: www.northbayvillage-fl.gov

NORTH BAY VILLAGE
EST. 1945

APPLICATION FOR TEMPORARY/PERMANENT CERTIFICATE OF OCCUPANCY/COMPLETION

Date: _____

Folio Number: 23-3209-_____

Building Permit Number: _____

Square Footage of Unit: _____

Contracting Company: _____

Owner: _____

Street Address: _____

Signature of applicant verifies above information is true and correct. This Certificate of Occupancy is issued to the above named, for building at above named location only upon the express provisions that the applicant will abide by and comply with all conditions of the Zoning ordinances and all Ordinances or Building Codes of North Bay Village pertaining to the 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:

TCO Number: _____

C/O Number: _____

TCC Number: _____

C/C Number: _____

Fee: \$ _____

Interim Fee: \$ _____

Total Due: \$ _____

Approved Use for Occupancy: _____

Remarks: _____

Inspection Finals: (Check Off)

Zoning:	_____ Yes	_____ No
Building:	_____ Yes	_____ No
Electrical:	_____ Yes	_____ No
Mechanical:	_____ Yes	_____ No
Plumbing:	_____ Yes	_____ No
Public Works:	_____ Yes	_____ No
Fire:	_____ Yes	_____ No

Building Department Representative



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CERTIFICATION OF PREVENTATIVE SUBTERRANEAN TERMITE SOIL TREATMENT

Owner: _____

Street Address: _____

Developer: _____

General Contractor: _____

	Square Footage	Date of Treatment
Main	_____	_____
Garage	_____	_____
Porches	_____	_____
Pool/Patio	_____	_____

Material Used & Type of Treatment

Comments

Certification Signed

Name of Pest Control Contractor

State License Number

*****This form must be completed and filed with the North Bay Village Building Official before a Certificate of Occupancy can be issued.***



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INSULATION CERTIFICATE

Building Permit Number: _____ Job Address: _____

Statement of Compliance

We, the undersigned, hereby certify that the THERMAL INSULATION has been installed in the above referenced project, in compliance with the latest edition of the STATE OF FLORIDA ENERGY CODE the APPROVED ENERGY CALCULATIONS and plans, and in accordance with good construction practice. The insulation furnished and installed has the characteristics shown below: (Check only applicable boxes)

- 1. Exterior CBS Walls Insulation: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 2. Exterior Frame Metal Stud Walls: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 3. Exterior Solid Concrete Wall: R-_____ (min.)
- 4. Interior Walls Separating A/C from Non-A/C Spaces Insulation:
R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 5. MULTI-FAMILY RESIDENTIAL CONSTRUCTION ONLY: The COMMON (Partly) walls separating different tenants shall be insulated as follows:
FRAME/METAL STUD WALL R-11 (min) CBS or Concrete walls R-3 (min) by Energy Code requirements. See ENERGY CODE, Rev. 1/87, Paragraph 903.2(b), on page 9-17, latest edition. These "minimums level of insulation" are not included in the Energy Calculations, but shall be installed in the field.
- 6. Above deck type-ROOF INSULATION: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 7. Ceiling Insulation: R-_____ (min.) Material: _____
Thickness: _____ inch(es) Density: _____ lb/ft Mfgr: _____
- 8. NOTE: Densities of sprayed-on, loose fill, or any other composed-on-site insulation shall be the P.C.F. (lb/ft 3) average of three (3) "DRY SAMPLES" of actual installation.

Make photocopies of this sheet in your office, as required for future jobs.

Installed by: _____
Insulation Company Name Insulation Contractor's Signature

Insulation Contractor's CC#: _____ Certified on: ____/____/____

O.C./Builder: _____
Company Name G.C./Builder's Signature

Building Contractor's CC#: _____ Certified on: ____/____/____



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FIRE PENETRATION AFFIDAVIT

Ref: Permit No.: _____
Job Address: _____

I, _____, the qualifying agent for _____, CC No. _____ 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, pneumatic ducts, and penetrations from similar building service equipment installed in connection with the above permit has been protected by approved materials or devices meeting the acceptance criteria of AMERICAN SOCIETY FOR TESTING MATERIAL E814 and have been installed by qualified persons in accordance with the manufacturers' specifications and in compliance with the Florida Building Code.

Print Name and Title

Signature

Witnesses:

Print Name

Signature

Print Name

Signature

Acknowledgement

State of Florida, County of _____
Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: ____/____/_____



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Sample Affidavit of Construction

THIS DOCUMENT MUST BE PREPARED ON STATIONARY WITH THE PERMIT HOLDER'S LETTERHEAD BY THE PERMIT HOLDER OF RECORD.

[DATE]

North Bay Village Building Department
1666 Kennedy Causeway, Suite 101
North Bay Village, FL 33141

Re: [OWNER'S NAME]
[ADDRESS OF PROJECT]
[PERMIT NUMBER]
[CONTRACTOR'S NAME]

Dear [BUILDING OFFICIAL'S NAME]:

I [PERMIT HOLDER] hereby certify that to the best of my knowledge, belief and professional judgement, the structure(s) is in compliance with the approved plans and other approved documents. I also attest that to the best of my knowledge, belief and professional judgement the approved permit plans represent the as-built condition of the structure and that those inspections which are required to be performed by the Building Official for the work involved have been performed in accordance with Section 105 of the Florida Building Code.

This document is being prepared in accordance with Section 105 of the Florida Building Code and is being submitted to North Bay Village Building Department at the time of the final inspection for the above referenced structure.

Should you have any question or need additional information, please do not hesitate to contact me at _____.

Sincerely,

Signature of Qualifying Agent

Print Name

State of _____

County of _____

Sworn to and subscribed before me this _____

Day of _____, 20_____

By: _____

SEAL

___ Personally Known OR ___ Produced Identification (Type of Identification: _____)