

## UNIFORM MUNICIPAL TCO/TCC INSPECTION REPORTING FORM

Master Permit No. From Municipality:					Miami-Dade County Municipal Permit No. (MBLD):			
Job Address: Qualifier's Name: Owner's Name:					Qualifier's Phone:			
Ce pei	rtificate of sonnel, the	Occupancy (To	CO) of Comporesent at the	oletion (TCC) job site for th	. Once va e field insp	lidated by the Mu	de approvals for Temporary nicipal Building Department provals have been obtained,	
1.	Form Validated by						Date:	
•		Personnel:	Print	Name		Signature		
2	All "Dogui	rad" TCO/TCC ii	aanaatiana ina	licated balaw	must be sig	anad "Approved" be	fore cortificate incurses	
۷.			Inspections inc	Approval			fore certificate issuance.	
	Req'd	Trade	Name	Signature	Date		Comments	
		Building						
		Electrical						
		Fire						
		Mechanical						
		Plumbing						
		Public Works						
		Zoning						
		Other						
	the Buildir	ng Official. Occu	pying the buil	ding and/or s	pace withou		e occupied unless signed by TCC issued by the Municipal ction 110.3.	
3.	Building C	Official's Approva	ıl:			Date:		
	□1 <sup>st</sup> TCO/TCC □ Extension				TCC/TCO Duration:			
Co		TCO/TCC:						
	A TCC affecti	D/TCC may be renged the proper of	evoked if any accupancy of the	action by the e area.	contractor,	owner or tenant cre	ace must be vacated. ates any code violation n a notice of violation, civil	

violation and/or disconnection of utility services.

Other Conditions: \_\_\_\_\_