

Request for Temporary Certificate of Occupancy or Completion

Temporary Certificate of Occupancy

Temporary Certificate of Completion

Date:	Permit Number:
Job Address:	Parcel Number:
Unit/Suite #:	Occupancy/Use:
Total square feet for this TCO/TCC request:	Number of Residential Units for this TCO/TCC request:
Applicant or Contractor's Name:	Owner or Business' Name:
Applicant or Contractor's Mailing address:	Owner or Business' Mailing address:
Telephone Number:	Telephone Number:
E-Mail Address:	E-Mail Address:
Contact Name:	Contact Telephone Number:
Contact E-Mail Address:	
Your CSS Account E-Mail Address for Billing Purposes:	
What is the reason to request a Temporary Certificate?	
List precisely the units #, rooms, or spaces you are requesting the Temporary Certificate/s for.	
Office Use Only	
Description:	Occupancy Group: _____ Change of Use: <input type="checkbox"/> YES <input type="checkbox"/> NO
TCO/TCC Number: _____	Invoice Number: _____ Amount Due: _____
Pending Payment(s): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PAID	Substantial Improvements: <input type="checkbox"/> YES <input type="checkbox"/> NO Unity of Title: <input type="checkbox"/> YES
TCO Inspections Require: B E M P ELV F Z PW	ELV. CERT. FLOOD CERT. IF RESIDENTIAL N/A <input type="checkbox"/>
1. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	5. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
2. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	6. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
3. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	7. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
4. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	8. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
Notification to Customer:	

ADA Information

To request this material in accessible format, sign language interpreters, information on access for persons with disabilities, and/or any accommodation to review any document or participate in any city-sponsored proceeding, please contact 305-604-2489 (voice), 305-673-7524 (fax), or 305-673-7218 (TTY) five (5) days in advance to initiate your request. TTY users may also call 711 (Florida Relay Service).

City of Miami Beach Mission

We are committed to providing excellent public service and safety to all who live, work, and play in our vibrant, tropical, historic community.

Form Name: TCO – TCC Request form.

Form Purpose: A Temporary Certificate of Occupancy (TCO) can be issued when a property is still under construction and minor work is pending. TCOs grant the occupant all of the same rights as a Certificate of Occupancy for a temporary period of time. TCOs are usually effective for 90 days from the date of issuance, after which they expire. Prior to expiration, an occupant can re-apply for a TCO Extension.

Online Forms: [Forms, Applications, and Instructions.](#)

Associated Fees: [Fee Schedule.](#)

Form Process: Complete form must be submitted via E-Mail to Administration.

For Assistance: Please contact:

1. **In person:** Building Department ADMINISTRATION
1700 Convention Center Drive, 2nd Floor,
Miami Beach, Florida 33139
2. **Via Telephone:** 305-673-7610, options # 3, then # 5.
3. **Via E-mail:** TCO-CO@miamibeachfl.gov

Building Department Mission

We are dedicated to serving the public by the efficient and effective supervision of construction, business, professional and personal activities to safeguard the public health, safety and general welfare of the City's residents and visitors by enforcing the Florida Building Code and the City Code of Ordinances.