TOWN OF GOLDEN BEACH DOCUMENTATION CHECKLIST FOR CERTIFICATE OF OCCUPANCY (C/O)

Permit Number for Master permit:		
Job Site Address		
Owner's Name:		
Contractor's name:		
Contractor's phone number		
Date Documentation Log Given to Contractor: Contractor's Signature for Receipt of Log:		
Acknowledgement of copy of Sect 14-84 Construction sounds		
DESCRIPTION	RECEIVED DATE	COMMENTS
Recorded Variances		
2. Impact Fee Verification		
z. impacti ee verincation		
3. Notice of Commencement		
Posted at job prior to 1st Inspection and		
within 7 days of permit issuance - Certified Copy		
to Building Department Prior to 1st Major Inspection		
4. Soil Treatment		
5. Piling Certification		
6. Foundation Survey		
,	1	
7. Certificate of Elevation		
	-	
8. For Issuance of Certificate of Occupancy/Completion		
a). Final Survey & Certificate of Elevation		
b). Statement of Inspections (Architect/Engineer)		
c). Inspection Log & Pile Certification		
d). Special Inspector as per FBC		
e). Elevator Inspection Report (certified)		
f). Insulation Certificate		
g). Roof Uplift Test (Roof Pitch)/ Pull Lift (Flat or Tile Roof)		
h) Residential Pool Safety Act Affidavit		
i). Proof of Final Inspections		
j). Proof of Water Service Connection		
k). Proof of Impact Fee Payment		
I). Subcontractor Listing		
m). As-built Drawings		
n). Final Cost Affidavit		
Contractor		
Owner		

SAMPLE FORMAT

This Form is for used by the Architect and/or Engineer of record. Prepare this document on the letterhead of the responsible party.

"STATEMENT OF INSPECTIONS"

[Date]
Town of Golden Beach 1 Golden Beach Drive Golden Beach, Fl. 33160
Re: [Owners' Name, Project Address, Permit No., Contractor Name]
Dear Building Official:
I [Architect or Engineer], having performed and approved the required inspections, as indicated in the attached approved inspection log, hereby attest that to the best of my knowledge, belief and professional Judgment, the structural and envelope components of the above referenced structure are in compliance with the approved plans and other approved permit documents. I also attest to the best of my knowledge, belief and professional judgment, that the approved permit plans represent the as-built condition of the structural and envelope component of said structure.
This document is being prepared in accordance with the Florida Building Code and is being submitted to the Town of Golden Beach Building & Zoning Department at the time of the final inspection for the above referenced structure.
Should you have any questions or need any additional information, please do not hesitate to contact me.
Sincerely,
(signature of license holder)
Name: License No (seal)
Company Name: (if applicable)



TOWN OF GOLDEN BEACH

One Golden Beach Drive, Golden Beach, FL 33160 Phone: (305) 932-0744 Facsimile: 933-3825

Residential Swimming Pool, Spa and Hot Tub Safety Act

Notice of Requirements

I (We) acknowledge that a new swimming pool, spa or hot tub wi	ill be constructed or installed
, Golden Beach, Florida, and hereby	affirm that one of the following methods will be used to meet
(Print Job Address)	- Code Duilding Costing 454.2.9 Floride Duilding Code
the requirements of Chapter 515, Florida Statute, Florida Buildin	g Code-Building Section 454.2 & Florida Building Code.
Please initial the method(s) to be used for your pool or spa, he	ot tub:
The pool will be equipped with an approved safety poo (Submit product approval and/or manufacturer's	
	uirements of Florida Building Code 454.2.17 will all show the fence location and method of attachment, including one ols. (Submit product approval and/or manufacturer's
A combination of non-dwelling walls and fences (screechain link or wood fence, etc.) will protect the pool pall non-dwelling walls.	een enclosure, child fence, masonry fence walls, berimeter (pool deck). The plans must specify the type and location of
or of the plug-in type. If this option is selected, subn	ed with exit alarms complying with UL 2017 and is either hard-wired nit plans showing all types and locations of all perimeter protection. I openings, and the exit alarm type for each location. (Submit
minimum 54" above the threshold. If this option is so	atching device with positive mechanical latching/locking installed a elected, submit plans showing all types and location of all perimeter d type of all openings, and the hardware type for each location
In accordance with the Code, a final inspection of the pool pro Swimming Pool Safety Requirements, and upon expiration of	oject will not be approved without compliance with the Private f the permit, the pool shall be presumed to be unsafe.
I understand that not having one of the above installed will coas committing a misdemeanor of the second degree, punishab	onstitute a violation of Chapter 515, F.S., and will be considered ble as provided in Section 775.082 or Section 775.083 F.S.
Owner's Signature and Date	Prime Contractor's Signature and Date
Owner's Name (please print)	Prime Contractor's Name (please print)
Notary Signature & Date Commission Expires	Notary Signature & Date Commission Expires



AFFIDAVIT OF FINAL COST OF CONSTRUCTION CONTRACTOR OR PERMIT HOLDER APPLICATION FOR CERTIFICATE OF OCCUPANCY OR COMPLETION

Folio No.:	Address:
Legal Description:	
	Being duly sworn, deposes
Permit Number and	ontractor, named in the application for Building Dated, relating to
construction or other work to be	performed on, or in connection with, the
	bove, that the estimated cost stated in said or other work described therein was:
• •	Dollars (\$); that the actual final
cost of such construction or oth	er work was
	dollars (\$)
all construction, other work performs I agree to pay all additional performs difference in the Final cost, if m in the permit application.	cribed in the Permit Application include the cost of ormed therewith, exlusive of the cost of the land. mitting and processing fees associated with the ore than the estimated cost of the work as stated
Completion for the struture on the	the Issuance of a Certificate of Occupancy and/or he premises.
Contractor – Qualifier of Record License Number:	
Sworn to before me this	, day of, 20
Notary Public State of Florida a	 t Large (seal)



AFFIDAVIT OF FINAL COST OF CONSTRUCTION PROPERTY OWNER APPLICATION FOR CERTIFICATE OF OCCUPANCY OR COMPLETION

Folio No.:	Address:	
Legal Description:		
Number and Dother work to be performed indicated above, that the construction or other work \$ cost of such construction	the Owner, named in the applicated, reled on, or in connection with, the estimated cost stated in said applicated therein was: Dollars (\$	elating to construction or premises located as oplication of the _); that the actual final
Ψ	ασπατό (φ	·/
	rk described in the Permit Appli rk performed therewith, exlusive	
	al permitting and processing feats, if more than the estimated co	
Application is hereby made Completion for the struture	de for the Issuance of a Certificate on the premises.	ate of Occupancy and/or
Property Owner		
Sworn to before me this _	, day of	, 20
Notary Public State of Flo	orida at Large (seal)	

Town of Golden Beach	SUBCONTRACTOR LIST TO BE SUBMITTED WITH CO PACKAGE	MASTER PERMIT NO.:
CONTRACTOR NAME AND ADDRESS:		PHONE: PROPERTY ADDRESS:
		TROI ERTI ADDREGG.

CATEGORY	SUBCONTRACTOR NAME	LICENSE NO.	ADDRESS	PHONE NO.
CARPENTRY	ODBOOTTNATON NAME	LIGENOE NO.	ADDITEGO	THORE NO.
PILES				
CONCRETE/STEEL ERECT.				
CONCRETE PLACEMENT				
BLOCK, MASONRY, ETC.				
GLAZING/WINDOW				
INSULATION				
ELECTRICAL				
PLUMBING				
AIR CONDITIONING				
PLASTERING				
ROOFING				
SWIMMING POOL				
GARAGE DOORS				
PAINTING				
ACOUSTICAL TILE, ETC.				
KITCHEN CABINETS				
FLOORING FINISHES				
WALL FINISHES				
FIREPLACE				
LANDSCAPING				
DRIVEWAY, PAVING				
WELLS				
ORNAMENTAL IRON				
FENCING				
LAWN SPRINKLERS				
FRONT DOOR				
LICENSE NO:	OHALIFIER SIGNATURE			

SUBCONTRACTOR LIST

	TO BE SUBMITTED WITH CC PACKAGE	l	MASTER PERMIT NO.:	-
CONTRACTOR NAME			PHONE:	
AND ADDRESS:			PROPERTY ADDRESS:	-
				•
CATEGORY	SUBCONTRACTOR NAME	LICENSE NO.	ADDRESS	PHONE NO.
GATEGORI	COBSCINITACION NAME	LIGENOE NO.	ABBREOG	THORE NO.

LICENSE NO: QUALIFIER SIGNATURE

SUBCONTRACTOR LIST

	TO BE SUBMITTED WITH CC PACKAGE		MASTER PERMIT NO.:	
		•		
CONTRACTOR NAME			PHONE:	
AND ADDRESS:			PROPERTY ADDRESS:	

CATEGORY	SUBCONTRACTOR NAME	LICENSE NO.	ADDRESS	PHONE NO.