



Certificate of Occupancy & Certificate of Completion Requirements

County Case #: _____

Project Type: _____

AB Permit Number: _____

Address: _____

Contractor: _____

Date: _____

Required (Y/N)

Date Received

Approved

<u>Zoning</u>			
	As-Built Survey (showing building footprint, roof eaves/overhangs, mechanical units, stormwater system, septic system, driveway, and other components)		
	Professionally designed stormwater system verification letter		
	Address Numbers (on street-side, and water-side if applicable)		
	Condominium Agreements		
	CC Health Dept Operational Permit		
	Final Flood Elevation Certificate		
	All other zoning requirements completed		
<u>Bldg</u>			
	Engineering Letters		
	HVAC Duct Seal Test		
	Gas Pressure Test		
	Energy Efficiency Certificate		
	Elevator Installation from Installer and ASTM #'s		
	*Final Walk-thru day of Certificate Issuance by Chief Inspector		