



City of Coral Gables Development Services Department CERTIFICATE REQUEST

Date: _____

Permit number: _____

Address: _____

Contact _____ phone number: _____

Please check appropriate box:

☐ **Certificate of Completion**

☐ **Certificate of Occupancy**

☐ **Temporary Certificate of Completion** (Complete below)

☐ **Temporary Certificate of Occupancy** (Complete below)

Reason or hardship causing the request of a Temporary Certificate and preventing the issuance of a Final Certificate:

Length of time needed for the Temporary Certificate to correct deficiencies and obtain a Final Certificate:

Signature and title of person authorized to
request Temporary Certificate

Owner/Tenant acknowledgement

Print Name of person authorized

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____
by

_____ is personally known to me.

_____ has produced a _____
as identification.

Notary Public Signature and Seal

*****THE APPROVED TEMPORARY CERTIFICATE MUST BE POSTED AT THE PREMISES AT ALL
TIMES WHILE THE BUILDING IS OCCUPIED*****