

**Request for Temporary Suspension of Compliance for  
Certificate of Occupancy (C.O.) or Certificate of Completion (C.C.)**

Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Project Number: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Request relates to (check one):

C.O. (certificate of occupancy)       C.C. (certificate of completion)

2. Description of outstanding inspection punchlist discrepancy(ies):  
(Example: 10 canopy trees do not meet height and Fla. #1 standards)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Department(s) involved in discrepancy determination:  
(Example: Planning)

\_\_\_\_\_  
\_\_\_\_\_

4. Corrective action(s) needed to resolve discrepancy(ies):  
(Example: replace sub-standard trees with 10 canopy trees that meet height and Fla. #1 standards)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Deadline for completion of corrective action(s)\*: \_\_\_\_\_

6. Requestor signature \_\_\_\_\_ Date \_\_\_\_\_

\*Cannot exceed 90 Days

**STAFF ONLY**

- \_\_\_\_\_ A. Project certification of substantial completion submitted
- \_\_\_\_\_ B. Landscaping certification submitted or determined not applicable
- \_\_\_\_\_ C. All department inspections made and punchlist discrepancies issued
- \_\_\_\_\_ D. Request covers only outstanding discrepancy(ies)
- \_\_\_\_\_ E. Request does not affect building code, fire code, or public safety items
- \_\_\_\_\_ F. Corrective action deadline does not exceed 90 days from date of suspension

\_\_\_\_\_ Request approved

- Corrective action(s) required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Approval Condition(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Cash deposit for compliance (if required): \$ \_\_\_\_\_  
 (amount)

- Deadline for corrective action: \_\_\_\_\_

\_\_\_\_\_ Request denied (may be appealed in writing to Board of County Commissioners within 10 days of denial; hearing date scheduled after receipt of appeal)

\_\_\_\_\_  
Signature of County Administrator or his designee

\_\_\_\_\_  
Date

- Cash deposit (if required): Received: \_\_\_\_\_ Held by/account: \_\_\_\_\_