

# **COMMERCIAL CERTIFICATE OF OCCUPANCY CHECKLIST**

PERMIT #: \_\_\_\_\_

UPDATE #: \_\_\_\_\_

TENANT: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

CONSTRUCTION TYPE: \_\_\_\_\_

USE GROUP(S): \_\_\_\_\_

FLOOR LIVE LOAD: \_\_\_\_\_

OCCUPANCY LOAD: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>YES</u>	<u>N/A</u>	<u>ITEM</u>
<input type="checkbox"/>	<input type="checkbox"/>	BUILDING SUBCODE SIGNED OFF DATE _____
<input type="checkbox"/>	<input type="checkbox"/>	ELECTRIC SUBCODE SIGNED OFF DATE _____
<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING SUBCODE SIGNED OFF DATE _____
<input type="checkbox"/>	<input type="checkbox"/>	FIRE SUBCODE SIGNED OFF DATE _____
<input type="checkbox"/>	<input type="checkbox"/>	ELEVATOR SUBCODE SIGNED OFF DATE _____
<input type="checkbox"/>	<input type="checkbox"/>	DCA ELEVATOR REGISTRATION RECV'D.
<input type="checkbox"/>	<input type="checkbox"/>	CO APPLICATION (U.C.C FORM #F270) SIGNED
<input type="checkbox"/>	<input type="checkbox"/>	LETTER FROM ARCHITECT/OWNER SAYING BUILT TO APPROVED PLANS
<input type="checkbox"/>	<input type="checkbox"/>	LOCAL FIRE DEPT. LETTER FOR HYDRANTS PLACED & FUNCTIONING
<input type="checkbox"/>	<input type="checkbox"/>	REPORT FROM ALARM CO. (SYS. CHECKED, TESTED & OPERATING PROPERLY)
<input type="checkbox"/>	<input type="checkbox"/>	HEALTH DEPARTMENT APPROVAL
<input type="checkbox"/>	<input type="checkbox"/>	LETTER FROM ENGR. FOR ALL STEEL & CONCRETE TESTING/CERTS/SOILS
<input type="checkbox"/>	<input type="checkbox"/>	HANDICAP ACCESSIBILITY INTERIOR OF STRUCTURE
<input type="checkbox"/>	<input type="checkbox"/>	HANDICAPPED PARKING/ACCESS
<input type="checkbox"/>	<input type="checkbox"/>	HANDICAPPED SIGNAGE IN PLACE
<input type="checkbox"/>	<input type="checkbox"/>	FOUNDATION LOCATION SURVEY (CONFORMING TO SITE PLAN)
<input type="checkbox"/>	<input type="checkbox"/>	FINAL AS-BUILT SURVEY (W/ FINAL BUILDING HEIGHT)
<input type="checkbox"/>	<input type="checkbox"/>	ENERGY EFFICIENCY CERTIFICATION/COMPLIANCE REPORTS
<input type="checkbox"/>	<input type="checkbox"/>	FINAL ENGINEERING APPROVAL (DATE _____)
<input type="checkbox"/>	<input type="checkbox"/>	HANOVER SEWAGE AUTHORITY APPROVAL (DATE _____)
<input type="checkbox"/>	<input type="checkbox"/>	FINAL COMPLIANCE LETTER FROM M.C. SOILS APPROVAL (DATE _____)
<input type="checkbox"/>	<input type="checkbox"/>	DEVELOPER'S AGREEMENT PERFORMED & FEE'S PAID (DATE _____)
<input type="checkbox"/>	<input type="checkbox"/>	VARIATIONS BY CONSTRUCTION OFFICIAL FEE'S PAID (DATE _____)
<input type="checkbox"/>	<input type="checkbox"/>	TEST & BALANCE REPORT
<input type="checkbox"/>	<input type="checkbox"/>	BACKFLOW CERTIFICATION REPORT
<input type="checkbox"/>	<input type="checkbox"/>	COMPLETED NON-RESIDENTIAL DEV. FEE CERT./EXEMPTION FORM
<input type="checkbox"/>	<input type="checkbox"/>	STATE/COUNTY APPROVAL OF ROAD OPENING
<input type="checkbox"/>	<input type="checkbox"/>	HOTEL/MOTEL DCA REGISTRATION

DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_

BUILDING SIZE: \_\_\_\_\_ SQ.FT./\_\_\_\_\_ CUBIC FT.

ADDITION SIZE: \_\_\_\_\_ SQ.FT./\_\_\_\_\_ CUBIC FT.

# STORIES: \_\_\_\_\_

DATE & SIGNATURE THIS CHECKLIST WAS COMPLETED: \_\_\_\_\_