



# Certificate of Occupancy Worksheet

## New Single-Family Home

**Contractor:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**New Single-Family:** \_\_\_\_\_

**New Single-Family Final Inspections:** 115 120 123 124 134 139B 146B 147 204 301 303 502 813

**New Single-Family Outstanding Inspections (If applicable):** \_\_\_\_\_

- **FFE ELEV:** \_\_\_\_\_ **V-ZONE?** If yes, please complete and submit the Breakaway Wall Cert.
- **Landscape Required: 802** (When landscape work is complete, submit a landscape plan that shows minimum trees requirements were met. The site will then be inspected, normally within 24 hours.)

**Right-of-Way:** \_\_\_\_\_ **800 801 806**

**Sewer Tap:** \_\_\_\_\_ **203**

**Pool:** \_\_\_\_\_ **123 204 508 700 701 702 718** (Pool Barrier Letter) **719**

**Screen Enclosure (If applicable):** \_\_\_\_\_ **709 123**

**Fence (If applicable):** \_\_\_\_\_ **707**

**Irrigation:** \_\_\_\_\_ **710 812** (Irrigation Letter)

**Gas:** \_\_\_\_\_ **400 401 402 403 404**

**Generator:** \_\_\_\_\_ **151 501 502**

**Shutter:** \_\_\_\_\_ **704** (if all openings are not protected with impact shutters, check note within the 115 – Final Building inspection on the house permit)

**Other Permits:** \_\_\_\_\_

**Final Fees Due:**

**CCWR:** \_\_\_\_\_

**Reinspections:** \_\_\_\_\_

**Revisions:** \_\_\_\_\_

**Timed Inspections:** \_\_\_\_\_

*Note: Once completed, please submit to [permitdesk@cityofmarcoisland.com](mailto:permitdesk@cityofmarcoisland.com), which is our permitting help desk queue. If you need further assistance, you may reach us at 239-389-5059. Thank you!*