



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, which is our permitting help desk queue. If you need further assistance, you may reach us at 239-389-5059. Thank you!