

Certificate of Occupancy Request Form

Single-Family Residence Only



Date: _____

Lot Number: _____ Pod: _____

Permit Number: _____

Bldg. Code Edition: _____

PCN #: _____

Use & Occupancy: _____

Permit Address: _____

Type of Construction: _____

Date of Permit Issuance: _____

- A. Provide ONE pdf document with the following (combine files in the order noted).
- B. In the subject line of email: state Lot, Pod and Street address. Email to: building@westlakegov.com.

Applicant

Check: _____ Bldg. Dept Use

<input type="checkbox"/>	Final Survey (signed by surveyor) & matching Site Plan	<input type="checkbox"/>
<input type="checkbox"/>	Final Elevation Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Completed Permit Card (all inspections complete & fully signed off)	<input type="checkbox"/>
<input type="checkbox"/>	Blower Door Test report	<input type="checkbox"/>
<input type="checkbox"/>	Insulation Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Slab Packet (Density, compaction, termite treatment & certification)	<input type="checkbox"/>
<input type="checkbox"/>	Compliance Certificates, Drainage, Planting requirements	<input type="checkbox"/>
<input type="checkbox"/>	Any ancillary permit cards (all inspections signed off)	<input type="checkbox"/>
<input type="checkbox"/>	Solid Waste Invoice Form with fees paid -OR- TUG fees paid and TUG release form	<input type="checkbox"/>

AFFIDAVIT OF COMPLETENESS AND ACCURACY

INSTRUCTIONS: To be completed by the permit applicant: Contractor/Authorized Signatory of Contractor or Owner Builder.

STATEMENT OF COMPLETENESS AND ACCURACY

I certify the statements submitted herewith are true and correct. I understand that any knowingly false, inaccurate, or incomplete information provided by me will result in the assessment of additional fee, or denial, revocation, suspension, or administrative withdrawal of this application or resulting permit. I further acknowledge that additional information may be required by The City of Westlake to process this application.

Check (v) one: I am the [] Contractor [] Authorized Signatory of the Contractor, [] Owner/Builder.

Name (Type, Stamp, or Print Clearly)

Signature

Name of Firm (If Applicable)

License Number (If Contractor or Their Signatory)

*This checklist is a guideline to minimum submittal requirements for issuance of a Certificate of Occupancy. It is not intended to be comprehensive in nature. Specific work may require additional documentation. All work must demonstrate compliance with current codes and standards.

Bldg. Dept. Use

Received/reviewed by: _____

Building Official: _____

Signature

Date: