



**24-48 HOUR NOTICE IS REQUIRED FROM CONTRACTOR TO PROCESS APPLICATION ONCE ALL FINAL INSPECTIONS HAVE BEEN COMPLETED**

**CITY OF OLDSMAR  
100 STATE STREET WEST  
OLDSMAR, FL 34677  
PHONE: 813-749-1100  
EMAIL: PLANREDEV@MYOLDSMAR.COM**

**APPLICATION FOR  
CERTIFICATE OF OCCUPANCY**

**Building Permit No.** \_\_\_\_\_

I, Richard G. Deeb Hereby certify that the following is a complete list of all licensed Sub-Contractors who furnished labor and materials on the construction of:

Building Address: ?(348) Shore Dr. E,

Occupancy Type: Single Family Type of Construction: New Home

Sprinklered  Yes  No Design Occupant Load 4 Persons

General Contractor Deeb Family Homes, Inc Utilities Contractor R.J. Kielty

Engineer/Surveyor OCONA ENG. / DAVIS SURVEY Roofing Contractor SC. SIGNATURE

Electrical Contractor S&S Electric Mechanical Contractor DEL-AIR

Plumbing Contractor R.J. Kielty Fire Protection Contractor N/A

**THIS LIST MUST BE COMPLETED AND ACCURATE. ALL SUBCONTRACTORS SHALL BE STATE AND COUNTY LICENSED.** Final electrical, plumbing, roofing and mechanical inspections must be made and approved. No building shall be occupied or a change made in occupancy or the nature of the use of a building or part of a building until after the Building Official, Technical Services and \*Fire Department have signed the application for certificate of occupancy. Said certificate shall not be issued until all required inspections in accordance with Article III of the Land Development Code and the Florida Building Code, 6th EDITION (2017), have been performed and all outstanding fees have been paid.

Signature of Applicant:

THIS IS TO CERTIFY THAT THE STRUCTURE LOCATED AT:  
 \_\_\_\_\_  
 LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 BUILDING PERMIT NO \_\_\_\_\_ HAS BEEN COMPLETED ACCORDING TO ALL REQUIREMENTS OF THE CITY OF OLDSMAR AND PERMISSION IS HEREBY GRANTED TO OCCUPY SAID STRUCTURE IN COMPLIANCE WITH ALL APPLICABLE CODES.

DATE: \_\_\_\_\_ BUILDING OFFICIAL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ TECHNICAL SERVICES: \_\_\_\_\_  
 DATE: \_\_\_\_\_ \*FIRE OFFICIAL: \_\_\_\_\_