EXTENSION OF TEMPORARY CERTIFICATE OF COMPLETION (TCC)

FOR PERMITS ISSUED UNDER THE SOUTH FLORIDA BUILDING CODE ONLY:

SFBC Section 308.2 Temporary Certificate of Completion

SFBC Section 308.2(b) The Temporary Certificate of Completion shall be issued for a limited period of 60 days, but may be extended an additional 60 days at the discretion of the Building Official if, in his opinion, such extension is justified. **No further extensions shall be granted without the approval of the Board of Rules and Appeals.**

SFBC Section 308.3 If the permit holder does not comply with the terms of the Temporary Certificate or the Temporary Certificate expires the Building Official shall order the disconnection of services and evacuation of such premises after a five day warning notice has been posted at the premises.

The following items **must** be included in your appeal packet in order to be placed on the agenda:

- Letter to Secretary of the Board, Board of Rules and Appeals, 11805 SW 26th Street, Room 230, Miami, Florida 33175 to include an explanation of why an extension is required. This letter must be from the owner or co-signed by the owner.

- Letter must include your name, address, phone number and fax number, along with the following:
  - A completed Miami-Dade County Department of Regulatory and Economic Resources – Building Department Temporary Certificate of Completion **BORA Form - 03** signed by the Building Official with his recommendation.

To ensure placement of this issue on the agenda of the next Board of Rules and Appeals, this form must be returned to the Department of Regulatory and Economic Resources no later than two weeks prior to the next Board of Rules and Appeals meeting.

Please contact the **Board Administration Section** at (786) 315-2573 to find out the date of the next meeting of the Board of Rules and Appeals.
The following Owner/Tenant / *Contractor has applied to the Board of Rules and Appeals for an extension of the Temporary Certificate of Completion (TCC).

Applicant, check appropriate:  □ Owner  □ Tenant  □ *Contractor

Applicant’s Name ____________________________

Job site Address ________________________________________________________________

Contractor ________________________________________________________________

Contractor Address ____________________________________________________________

Permit # ________________________________________________________________

Permit Application Date ________________________________

Group of Occupancy ____________________________________________________________

Date of expiration of the current TCC ________________________________

Building Official recommendation:
All Code provisions relating to sanitary and means of egress facilities, including those serving the physically handicapped, fire-resistive separations, structural adequacy, the barricading of work areas, and public safety have been met, and only minor details are not completed.

☐ Yes, I recommend extension of the TCC for a period of ________________________ days.

☐ No, I do not recommend the extension of the TCC for the following reason: ___________
______________________________________________________________________________

Signature of the Building Official ________________________________________________
Municipality _______________________________________________________________________

* If the Contractor applies, the Contractor must submit a letter signed by the owner, supporting the request for TCC.