

# [Private Provider's Letterhead]

*The sample statement below is presented as a guide to the minimum language expected. The Private Provider must provide a detailed description of the area(s) included and excluded from the TCO/TCC.*

## **CERTIFICATE OF COMPLIANCE— Request for TCO/TCC**

*Form D.2*

*F.S. §553.791(12) Rev. 08-15-2022*

(Date)

Mr. Luis Torres  
Building Official  
City of Miami Building Department  
444 SW 2<sup>nd</sup> Avenue, 4<sup>th</sup> Floor  
Miami, Florida 33130

### **CERTIFICATE OF COMPLIANCE (TCO/TCC)**

RE:  
Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Permit number: \_\_\_\_\_

Dear Building Official,

To the best of my knowledge, belief, and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes, except that a portion (or portions) of the scope of work authorized under the aforementioned permit has not been fully completed, and/or conditions exist which have not yet been satisfied, as follows:

**[EXPLAIN IN DETAIL]** *[Provide a key plan or other graphic as may be necessary or useful to fully describe the approved area(s) of the project for which this TCO/TCC is being requested.]*

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety, ADA/FHA or structural conditions which would preclude the issuance of a Temporary Certificate of **[Occupancy or Completion]**.

Respectfully submitted,

(Private Provider Name)  
(Florida License No.)

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Seal/Signature/Date