

**Request for Temporary Suspension of Compliance for
Certificate of Occupancy (C.O.) or Certificate of Completion (C.C.)
\$100.00 fee (Check payable to Indian River County)**

Project Name: _____

Site Address: _____

Project Number: _____

Requestor Name: _____

E-mail: _____ Phone: _____

1. Request relates to (check one):

_____ C.O. (certificate of occupancy) _____ C.C. (certificate of completion)

2. Description of outstanding inspection punchlist discrepancy(ies):
(Example: 10 canopy trees do not meet height and Fla. #1 standards)

3. Department(s) involved in discrepancy determination:
(Example: Planning)

4. Corrective action(s) needed to resolve discrepancy(ies):
(Example: replace sub-standard trees with 10 canopy trees that meet height and Fla. #1 standards)

5. Deadline for completion of corrective action(s)*: _____

6. Requestor signature _____ Date _____

***Cannot exceed 90 Days**

STAFF ONLY

- _____ A. Project certification of substantial completion submitted
- _____ B. Landscaping certification submitted or determined not applicable
- _____ C. All department inspections made and punchlist discrepancies issued
- _____ D. Request covers only outstanding discrepancy(ies)
- _____ E. Request does not affect building code, fire code, or public safety items
- _____ F. Corrective action deadline does not exceed 90 days from date of suspension
- _____ G. Application fee paid

_____ Request approved

- Corrective action(s) required: _____

- Approval Condition(s): _____

- Cash deposit for compliance (if required): \$ _____
 (amount)

- Deadline for corrective action: _____

_____ Request denied (may be appealed in writing to Board of County Commissioners within 10 days of denial; hearing date scheduled after receipt of appeal)

Signature of County Administrator or his designee

Date

- Cash deposit (if required): Received: _____ Held by/account: _____