

## DEVELOPMENT SERVICES DEPARTMENT

401 Clematis St. West Palm Beach, FL 33401 Telephone: 561/805-6700 Fax: 561/805-6676

## **Completion Agreement and Conditional/Phased Occupancy Request**

Permit Number:	Contractor:				
I (Print Name): property do hereby request permiss Address): for Completion): da deficient based upon inspection by accepted, prior to all occupancy recompleted.	ion to occupy the structure sys prior to satisfaction of the City staff. Note: All life sa	e located at the following	, Wes	st Palm Beach for ( <b>Tir</b> d items which have be	me Required een found
Outstanding Issues:					
In consideration of the post deficiencies present at the site, I hat Surety):  deficiencies listed above, or in the staff.  I understand that this compelectrical power to the premises ore abide by any of the specific conditions in accordance with the terms of this (Signature of Owner/Leaseholder)	ve provided a surety, to be dollars, which attached exhibit(s), have be eletion agreement may be referred disconnected at any toons associated with this coexist, and that my surety mest agreement.	held in escreta will be held een corrected evoked, cond time by City ompletion ago aay be forfeit	ow, for the last own the last o	or the amount of (Amone City until such time ntirety, inspected, and hal occupancy prohibite if it is determined I have the created, or have created, or e deficiencies listed are	as the accepted by ed, and ave failed to allowed any
Sworn to or affirmed before me thi					, who
is / are personally known, to me or					
(Print Notary Name)				(sea)	D.
(Notary Signature)	<del></del>			(sea	1)
(Signature of Contractor):					
Sworn to or affirmed before me thi	s day of	, 20	_ by		, who
is / are personally known, to me or	has / have produced			as identification.	
(Print Notary Name)				(sea)	D
(Notary Signature)				(304)	-,
$({\bf Signature\ of\ Building\ Official}):\_$				<b>Date:</b>	
(Signature of Fire Marshall):				Date:	