



Planning, Zoning and Building
12300 Forest Hill Blvd
Wellington FL 33414
Phone: (561) 753-2430 * Fax: (561) 791-4045
Wellingtonfl.gov

CONDITIONAL CERTIFICATE OF OCCUPANCY AGREEMENT

APPLICATION DATE: _____

OWNER: _____ **PHONE:** _____

ADDRESS: _____

CONTRACTOR: _____ **PHONE:** _____

ADDRESS: _____

PERMIT # _____

JOB ADDRESS: _____

PERMIT DESCRIPTION: _____

The component specified below will be completed by _____ . (Also state reason)
Date

ACKNOWLEDGMENT AND AGREEMENT:

The Final Certificate of Occupancy will be issued contingent upon the completion of the above-indicated components for the reason stated. This agreement to complete the above items by the date indicated is binding to any successors, assignees or me. As witnessed by my signature, I, my successors or assignees who take possession of said property prior to the completion of the above components, hereby agree to abide by all the terms and conditions of this agreement. I, my successors or assignees who take possession of said property do further agree to permit Wellington to take appropriate action, including revoking the Certificate of Occupancy and having the power disconnected for any violation of this agreement



CONDITIONAL CERTIFICATE OF OCCUPANCY DEPARTMENTS

ADDRESS _____ DATE _____

PERMIT # _____ PROJECT _____

NOTES _____

CONTACT NAMES AND DEPARTMENTS

ZONING DEPARTMENT:

JENNIFER FRITZ
PHONE (561) 753-2511
EMAIL: Jfritz@wellingtonfl.gov

FIRE DEPARTMENT:

RUTH SIMONSON
PHONE (561) 753-2503/(561) 723-4057
EMAIL: rsimonson@wellingtonfl.gov

ENGINEERING DEPARTMENT:

JUDY RIOS
PHONE (561) 791-4064
EMAIL: jrios@wellingtonfl.gov