



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  
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**ENGINEERING DEPARTMENT:**

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