



OFFICE OF OPERATIONS
BUILDING DEPARTMENT

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MATTHEW QUINONES
DIRECTOR OF OPERATIONS

SHAWN REED
CHIEF BUILDING OFFICIAL

Checklist for TCO/PCO/CO

Permit Number	
Street Address	
Applicable Code	
Total floor area	
Type of Construction	
Use/Occupancy	
Design Occupancy Load	
Automatic Sprinklers	

No	Status of items	Uploaded?	N/A
1	Last three pages of the special inspections report signed and sealed by the architect/engineer.	<input type="checkbox"/>	<input type="checkbox"/>
	Final Report of Special Inspections	<input type="checkbox"/>	<input type="checkbox"/>
	Agent's Final Report	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate of Occupancy – Statement of Compliance	<input type="checkbox"/>	<input type="checkbox"/>
2	Statement of Professional Opinion by the architect of record or professional engineer of record responsible for the design of the structure, per 2015 IBC 107.7.1 affirming that they have reviewed and approved the shop drawings; and have conducted field observation of construction as required by CGS 29-276c.	<input type="checkbox"/>	<input type="checkbox"/>
3	Certified testing and balancing report for buildings with special ventilation requirements.	<input type="checkbox"/>	<input type="checkbox"/>
4	Confirmation of impact resistant glass in all hazardous locations.	<input type="checkbox"/>	<input type="checkbox"/>
5	Final certification of all spray fireproofing if installed.	<input type="checkbox"/>	<input type="checkbox"/>

6	Certifications and tests required by the trade inspector/s.	<input type="checkbox"/>	<input type="checkbox"/>
7	Flame spread and smoke development ratings on all of the following:	<input type="checkbox"/>	<input type="checkbox"/>
	Wall coverings.	<input type="checkbox"/>	<input type="checkbox"/>
	Suspended acoustical ceiling tile systems.	<input type="checkbox"/>	<input type="checkbox"/>
	Floor coverings.	<input type="checkbox"/>	<input type="checkbox"/>
	Window treatments.	<input type="checkbox"/>	<input type="checkbox"/>
	Furniture.	<input type="checkbox"/>	<input type="checkbox"/>
8	State approval for following items, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>
	Elevators.	<input type="checkbox"/>	<input type="checkbox"/>
	Con DOT approval re encroachment permit, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
9	All rough grading must be in place and all wheelchair accessibility features must be in place at walkways and entrances.	<input type="checkbox"/>	<input type="checkbox"/>
10	Identification of building street number.	<input type="checkbox"/>	<input type="checkbox"/>
11	Photo showing floor load signs (LL > 50 PSF), required by Section 106.1.	<input type="checkbox"/>	<input type="checkbox"/>
12	State modifications or accessibility exemptions, if any.	<input type="checkbox"/>	<input type="checkbox"/>
13	Other items identified in Permit Conditions, if any.	<input type="checkbox"/>	<input type="checkbox"/>
14	Provide written documentation of the name of the individual or entity that supplied the concrete and the name of the individual or entity that installed the concrete. (PA 16-45, CGS 29-265c)	<input type="checkbox"/>	<input type="checkbox"/>
15	<p>Certification from architect/electrical engineer/electrical contractor/lighting consultant responsible for the plans or final installation stating that the Exterior Lighting as installed complies with approved lighting plan. (Stamford Ordinance 1261)</p> <p>Or</p> <p>A written waiver approved by the Director of Operations or such director's designee (Stamford Ordinance 1261)</p>	<input type="checkbox"/>	<input type="checkbox"/>

15	As-built drawings of completed work in PDF/A format	<input type="checkbox"/>	<input type="checkbox"/>
16	Tenant safety plan showing areas to be occupied and construction areas.	<input type="checkbox"/>	<input type="checkbox"/>
17	Final cost affidavit (signed and notarized by owner)	<input type="checkbox"/>	<input type="checkbox"/>
18	Any balance due for permit fees.	<input type="checkbox"/>	<input type="checkbox"/>
19	Product Data showing U-Factors for all windows and doors	<input type="checkbox"/>	<input type="checkbox"/>
20	Manufacturer's Installation instructions and specifications for all appliances and equipment	<input type="checkbox"/>	<input type="checkbox"/>
21	All certifications and tests required by the trade inspector/s	<input type="checkbox"/>	<input type="checkbox"/>
22	COMCheck/documentation; Showing compliance with IECC C402 Building Envelope requirements and a window schedule outlining U-Factors for all doors and windows prior to requesting rough inspection.	<input type="checkbox"/>	<input type="checkbox"/>
23	Floor area tabulation showing existing/proposed floor areas for all floors	<input type="checkbox"/>	<input type="checkbox"/>
24	A photo of a permanent Certificate posted on or near the electrical panel listing the predominant R-values of insulation installed; U-Factors for Fenestration; and solar heat gain coefficient (SHGC) of fenestration. The certificate must include date and Permit # associated	<input type="checkbox"/>	<input type="checkbox"/>
25	Post Construction Certificate of Compliance by architect/engineer of record verifying compliance with IECC a. Section C405 Interior Lighting	<input type="checkbox"/>	<input type="checkbox"/>
26	Statement of Professional Opinion by the architect of record or professional engineer of record responsible for the design of the structure, per 2015 IBC 107.7.1 affirming that they have reviewed and approved the shop drawings; and have conducted field observation of	<input type="checkbox"/>	<input type="checkbox"/>
27	Certified testing and balancing report	<input type="checkbox"/>	<input type="checkbox"/>
28	Close-out all related/child permits including trade permits and associated building permits.	<input type="checkbox"/>	<input type="checkbox"/>
29	Fire Safety and Egress Plan	<input type="checkbox"/>	<input type="checkbox"/>

A description of that portion of the structure for which the certificate is requested.

Signed by Applicant/Owner/Architect

Name _____

Signature _____

Date _____