



Building Department

CERTIFICATE OF OCCUPANCY APPLICATION

Date: _____

Type of Request Temporary Full Final

Project Name: _____

Project Address: _____ VALUATION: \$ _____

Permit No: _____ Date Issued: _____ Type of Construction: _____ Occupancy Use Group: _____

Contact Person: _____ Phone: _____

Contact Person is: Owner Builder Designer Other

Owner: _____ Builder: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

IMPORTANT NOTE TO INSPECTORS: IF YOU SIGN IN THE “TEMPORARY” COLUMN, PLEASE WRITE DOWN THE CORRECTIONS THAT ARE NECESSARY TO MAKE IT A “FULL C.O.” IF YOU HAVE NO CONDITIONS, PLEASE SIGN IN THE “FULL” COLUMN, EVEN IF A TEMPORARY WAS REQUESTED. ALSO INDICATE A COMPLIANCE DATE.

DEPARTMENT	SIGNATURE / DATE	SIGNATURE / DATE
<input type="checkbox"/> City Public Works (466-3082)		
<input type="checkbox"/> Planning / Zoning (466-2578)		
<input type="checkbox"/> Fire District (466-3544)		
<input type="checkbox"/> Water/Sewer (464-1392)		
<input type="checkbox"/> Water Dept. (466-9201)		

NOTE: ALL SIGNATURES ABOVE ARE REQUIRED PRIOR TO SUBMITTAL TO THE BUILDING INSPECTOR.

<input type="checkbox"/> Building Inspector		
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<input type="checkbox"/> Chief Building Official		
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CONDITIONS / COMMENTS (Use Additional Sheets If Necessary)

Date _____ **Department** _____

Inspector _____

Comments _____

Date _____ **Department** _____

Inspector _____

Comments: _____

Date _____ **Department** _____

Inspector _____

Comments: _____

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