

Request for Temporary Certificate of Occupancy or Completion

Temporary Certificate of Occupancy

Temporary Certificate of Completion

Date:	Permit Number:
Job Address:	Parcel Number:
Unit/Suite #:	Occupancy/Use:
Total square feet for this TCO/TCC request:	Number of Residential Units for this TCO/TCC request:
Applicant or Contractor's Name:	Owner or Business' Name:
Applicant or Contractor's Mailing address:	Owner or Business' Mailing address:
Telephone Number:	Telephone Number:
E-Mail Address:	E-Mail Address:
Contact Name:	Contact Telephone Number:
Contact E-Mail Address:	
Your CSS Account E-Mail Address for Billing Purposes:	
What is the reason to request a Temporary Certificate?	
List precisely the units #, rooms, or spaces you are requesting the Temporary Certificate/s for.	
Office Use Only	
Description:	Occupancy Group: _____ Change of Use: <input type="checkbox"/> YES <input type="checkbox"/> NO
TCO/TCC Number: _____	Invoice Number: _____ Amount Due: _____
Pending Payment(s): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PAID	Substantial Improvements: <input type="checkbox"/> YES <input type="checkbox"/> NO Unity of Title: <input type="checkbox"/> YES
TCO Inspections Require: B E M P ELV F Z PW	ELV. CERT. FLOOD CERT. IF RESIDENTIAL N/A <input type="checkbox"/>
1. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	5. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
2. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	6. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
3. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	7. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
4. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW	8. Time Insp. DATE: ___/___/___ B E M P ELV F Z PW
Notification to Customer:	