



Project # _____

Date Requested _____

Commercial Certificate of Occupancy Request Form

Main Permit #: _____

Trades (check all that apply): ELEC _____ MECH _____ PLMB _____ LWVL _____

The following information is required to submit for a certificate - do not leave any blanks.

Project Address: _____ Suite/ Bldg #: _____

Project: _____

Construction Type: _____ Use Classification: _____ Sq. Footage: _____

Occupancy Load: _____ Sprinkler System : Y / N

General Contractor: _____ Phone #: _____

Applicant Name: _____ Phone #: _____

Building Owner (**NOT TENANT**): _____

Address: _____

Applicant Signature: _____ Date: _____

To be completed by Building Department Staff:

Department	Final Inspection Date	Inspector	Pass/Fail/NA
Final Building			
Fire Marshal - 100%			
Final Site Inspection			
Test & Balance			
Other			

Administration Fee:	Permit Fee:	Total Fees:
\$ _____	\$ _____	\$ _____