

Request for Temporary Certificate of Occupancy

Please complete this form to request a temporary certificate of occupancy. Please type or print clearly in ink.

Project Address: _____ Main Permit #: _____
 Project/Business Name: _____
 Applicant Name: _____ Relationship to Project: _____
 Email: _____ Phone #: _____
 Signature: _____ Date: _____

We request that Temporary Occupancy be granted at the above location to be in effect on: _____
 _____ (effective date) and expiring on _____ (ending date).

The reason we need Temporary Occupancy is _____

The specific area(s) and/or floor(s) to be occupied is/are (clearly identify the rooms/areas/floors): _____

Fees: A \$633 processing fee is due for each request including first time requests, renewals, and extensions.

Processing time: Please allow up to five (5) business days to complete the Temporary Certificate of Occupancy.

Reason for Temporary Occupancy request: (Check one that applies)

First Request: **Renewal:** (for expired TCO) **Extension:** (existing TCO)

For renewals and extensions, provide a statement explaining the reason for the delay in completing the project and indicate the estimated date of completion.

STAFF USE

Approval Type	Finalized Status	Disciplines with Inspector Approval for TCO
<input type="checkbox"/> Building	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Life/Safety	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Electrical	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Planning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Suppression/Sprinkler/Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Sac Co Env Health Division N/A: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request for Temporary Certificate of Occupancy:		
<input type="checkbox"/> Approved for: _____ days <input type="checkbox"/> Denied		
Reason for denial:		
City Staff:		Date: