

Request for Certificate of Occupancy

Project Address: _____ Main Permit #: _____

Project Name: _____

Permit Applicant: _____

Relationship to Project: _____

Email: _____ Phone: _____

List ALL Associated Permit Activities: (phased permits, partial permits, revisions, deferred submittals)

Record #:	Status:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Signature: _____ Date: _____

Allow up to five (5) working days to complete the Certificate of Occupancy.

STAFF ONLY

Intake Date: _____ Staff Intake Initials: _____

All permit status's finalized or complete? Yes No

All Accela conditions resolved? Yes No

All fees paid? Yes No

Processor's Initials: _____ Date: _____

Approver's Initials: _____ Date: _____