

REQUEST FOR CERTIFICATE OF OCCUPANCY OR COMPLETION

Issued Permit Number:	
Job Address:	Unit No.
Folio:	
Date Received:	

- Certificate of Occupancy
 Certificate of Completion

Occupant Load:	Occupancy/Use:
----------------	----------------

Owner Information	Name: _____ Phone Number: _____ Address : _____ Email Address: _____
Contractor Information	Name: _____ Phone Number: _____ Address : _____ Email Address: _____
Contact Person Information	Name: _____ Phone Number: _____ Email Address: _____

Office Use Only	
Approval Date:	Building Official's Signature: