

Certificate of Occupancy Application

Project Information	Permit # _____
Name/Description: _____	
Project Address: _____	
Lot: _____	Block: _____
Subdivision: _____	
INTENDED USE OF SPACE: _____	

Owner Information	
Company Name: _____	
Street Address: _____	
Phone Number: _____	Contact Person: _____
Fax Number: _____	Mobile Number: _____

Tenant Information	
Company Name: _____	
Street Address: _____	
Phone Number: _____	Contact Person: _____
Fax Number: _____	Mobile Number: _____

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved By: _____	Date Approved: _____
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Permit Fee: _____
 Issued Date: _____
 Issued By: _____

BV Project # _____