

CERTIFICATE OF OCCUPANCY / COMPLETION REQUEST FORM

The following must be certified by the General Contractor on the permit

Request Date _____ Permit# _____

- | | |
|--|--|
| <input type="checkbox"/> Single Family Residential
<input type="checkbox"/> Commercial
<input type="checkbox"/> Accessory Building | <input type="checkbox"/> Multiple Family Residential
<input type="checkbox"/> Structure
<input type="checkbox"/> Other |
|--|--|

Project Address _____

Zoning Classification _____

Occupancy Use _____ Finished Square Footage _____

Property Owner _____ Email _____

General Contractor _____ Email _____

This is to certify that the work completed under this permit was done under my direct supervision and has been inspected and substantially complies with all applicable State building codes and local regulations to the best of my knowledge and belief. I further certify that said work was performed according to the Plans on file with the City and said Plans have been updated with any changes to reflect the project as-built and pursuant to the site plan as approved.

General Contractor's Signature _____ Phone _____

To be completed by Zoning Administrative Staff

Department	Date Final Inspection	Notes	Approved
911 Address Posted			
Disturbed Soil Covered			
Trash Removed			
Water/Taxes Paid			
Parking/Maneuvering per Plan			
GC Certification/Engineer/Inspector			
Setbacks Checked			
Other			