



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

TEMPORARY-CONDITIONAL-PARTIAL CERTIFICATE OF OCCUPANCY REQUEST

Building Permit Number: # _____

Building Address: _____

Parcel Id # _____

Dear Building Official:

The undersigned requests a temporary-conditional-partial Certificate of Occupancy for a period not to exceed _____ days.

Requirements for the execution of this Temporary Certificate of Occupancy:

1. All fees paid
2. All final inspections performed and all life safety provisions passed.

I understand that if the above request is granted, a temporary Certificate of Occupancy will be given for the period of time stated above. I also understand that if the time limit is exceeded, I may be subject to a Code Enforcement Department violation.

Specific Reason(s) for Temporary Certificate of Occupancy:

Name _____ Date _____

Print Name of Owner or Contractor _____

Signature of Owner or Contractor _____

To be completed by Building Official only

Approved? ___ Yes ___ No

Time period of Temporary Certificate of Occupancy _____ Days

By: _____ Date _____

Comments _____