



BUILDING INSPECTION DEPARTMENT

Temporary Certificate of Occupancy

Please request the following inspections, in order to comply with life safety regulations, prior to requesting a **Temporary Certificate of Occupancy**.

Building Final	_____	_____
	Date	Inspector
Electrical Final	_____	_____
	Date	Inspector
Plumbing Final	_____	_____
	Date	Inspector
Mechanical/Gas Final	_____	_____
	Date	Inspector
Fire Safety Final	_____	_____
	Date	Inspector
Fire Alarm Final	_____	_____
	Date	Inspector
Sprinkler Final	_____	_____
	Date	Inspector
Landscape Final	_____	_____
	Date	Inspector
Public Works Final	_____	_____
	Date	Inspector

Please list on your personal stationary, the item(s) that will not be complete at this time and the expected completion date.

This certificate is issued pursuant to the requirements of Section 111.3 of the Florida Building Code®. Certifying that at the time of issuance this structure or part thereof was in compliance with the various Ordinances of the City of Gainesville pertaining to building construction and use.

Building Address: _____ **Permit #:** _____

Use Classification: _____ **Construction Type:** _____

CONTRACTOR INFORMATION

Company Name: _____
Contact Name: _____
Phone #: _____

OWNER INFORMATION

Name: _____
Address: _____
City: _____ **State:** _____

Signature of Contractor

Signature of Owner

_____	_____	_____
Building Official	Date Applied	Expiration Date