



CITY OF FREDERICK
 140 W. Patrick Street, Frederick, MD 21701
 301-600-3808 FAX: 301-600-6279

**REQUEST FOR TEMPORARY
 CERTIFICATE OF OCCUPANCY**

(Allow Minimum of 5 Working Days to process this request)

REQUEST IS MADE FOR:

- Initial Temp C.O. (\$50) _____ Pd.
 Extension of Temp C.O. (\$25) _____ Pd.
 Requested Time: 30 Days 60 Days 90 Days

Building Permit No: _____ Date: _____

Street Address: _____ Unit/Suite: _____

Areas to be occupied under this Temporary Certificate-of-Occupancy: _____

Final Inspection Status:	<u>Approved</u>	<u>Approved w/ condition</u> <i>(List conditions on reverse side)</i>	<u>N/A</u>
Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent of either. In issuing this Temporary Certificate of Use/Occupancy, the owner, agent, and/or tenant do hereby consent to re-inspection by the City of Frederick. By agreeing to this Temporary Occupancy, approval of the owner, agent and/or tenant agrees to complete all outstanding issues identified on the City's inspection report issued for this property within the time frame of the Temporary Certificate of Use and Occupancy. Failure to complete all outstanding issues will result in the revocation of this approval, requirement to vacate the premises and may result in the issuance of Civil Citation/s issued on a daily basis.

Please Print: NAME _____ Owner / Tenant / Agent _____ Daytime Phone # _____ FAX # _____

Signature: _____ Date: _____

DEPARTMENT USE ONLY

- Approved 30 Days 60 Days 90 Days Disapproved

Comments: _____

Code Official: _____ Date: _____

(Note: Void Unless signed by Code Official)

REQUEST FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Items to be addressed and completed within time-frame of Temporary Certificate of Occupancy

BUILDING	
ELECTRICAL	
PLUMBING / GAS	
FIRE PROTECTION	
SITE	
UTILITY	
<hr/>	
Owner / Tenant / Agent	
Date	