

## **CERTIFICATE OF OCCUPANCY APPLICATION**

When all approvals are received from each department's inspector, the applicant is responsible for submitting this completed form to the Building Safety Division to obtain a Certificate of Occupancy. If you have any questions, please contact Development Services at (520) 316-6921 or [dspermits@maricopa-az.gov](mailto:dspermits@maricopa-az.gov)

**THIS STRUCTURE IS NOT TO BE USED, OCCUPIED OR FURNISHED IN WHOLE OR IN PART  
PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY**

Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Date of Building Final Inspection: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_ Fire Sprinkler System?  Yes  No

Business Description or Use of Building Description: \_\_\_\_\_

Permanent Occupancy

Temporary Occupancy \* # of days requested for temporary occupancy: \_\_\_\_\_

Stipulations requiring Temporary Occupancy: \_\_\_\_\_

\*In order to receive a Temporary Certificate of Occupancy, the entire building must be finalized with NO fire, life safety issues. Temporary occupancy may be granted, upon the discretion of the Building Official and upon payment of related fees.

**Temporary/Partial C of O \$300.00**

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person is:  Owner  Builder  Designer  Tenant  Other \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of this code or other ordinances of the jurisdiction. Certificates presuming to give authority to violate or cancel the provisions of this code or other ordinances of the jurisdiction shall not be valid.

This document may be revised at any time without notice

Revised April 3, 2017