



BUILDING AND SAFETY DIVISION
1685 MAIN STREET
SANTA MONICA, CA 90401
310-458-8355

CO#
Date / /
Fee Amt: \$
Method CA CC CK #

APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Application Fee \$384.34 is Required
IN ADDITION TO REQUIRED INSPECTION AND ISSUANCE FEES,
A SECURITY TO GUARANTEE COMPLETION MAY BE REQUIRED.
MUST BE FILLED OUT COMPLETELY. *NOTATED ITEMS ARE REQUIRED.

*Associated Permit Number:		*Requested Dates of Temporary Occupancy Status: From: / / To: / /	
*Job Address:	Zip Code	Unit Number	Floor Number
*Property Owner's Name:		Phone No.	Fax No.
Street Address	City	State	Zip Code
Legal Name of Permit Holder		Phone No.	Fax No.
Street Address	City	State	Zip Code
Proposed Building Use(s) at Time of Final Occupancy: (Indicate all that apply.)			
<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Apartment	<input type="checkbox"/> Single Family Res. Other-Specify
Proposed Temporary Building Use(s): (Indicate all that apply.)			
<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Apartment	<input type="checkbox"/> Single Family Res. Other-Specify
*Construction Type:	<input type="checkbox"/> I-A <input type="checkbox"/> III-B	<input type="checkbox"/> I-B <input type="checkbox"/> V-A	<input type="checkbox"/> II-A <input type="checkbox"/> V-B <input type="checkbox"/> II-B <input type="checkbox"/> III-A Other -Specify
*Sprinkler Type:	<input type="checkbox"/> Non-Sprink	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially Bldg. Code Occupancy Grp.:
Assembly Occupant Load:	Number of Units.	Total Square Footage	Building Height: Number of Stories.
*Parking Spaces Provided:	*Standard Parking Spaces Provided:	*Compact Parking Spaces Provided:	
# Van Accessible Spaces Provided:	# Non-Van Accessible Spaces Provided:	# Freight Loading Stalls Provided:	
PLEASE PROVIDE PLANS INDICATING AREA(S) AND ASSOCIATED TEMPORARY USE(S)			
*Detailed Description of Building Area(s) to be Temporarily Occupied. (Attach additional information as required.):			
*Description of Circumstances Which Justify Issuance of Temporary Occupancy Permit. (Attach additional information as required.):			
		Value of Incomplete Work \$	
Applicant's Name (please print):		Phone No.	Fax No.
Applicant's Street Address:	City	State	Zip Code
Applicant's Signature:		Date:	

STAFF USE ONLY			
Action:			
Inspection By:		Inspection Date: / /	
Inspection Comments:			
Signature of Building Inspector:			Date:
Department Approvals			
Fire Department			
Comments/Conditions:			
<input type="checkbox"/> Deny Request for Temporary Occupancy	<input type="checkbox"/> Approve for Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occup. W/ Conditions*:	
Signature of Fire Inspector:			Date:
Health Department			
Comments/Conditions:			
<input type="checkbox"/> Deny Request for Temporary Occupancy	<input type="checkbox"/> Approve for Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occup. W/ Conditions*:	
Signature of Health Inspector:			Date:
Determination of Building Official			
<input type="checkbox"/> Deny Request for Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occupancy From: / / To: / /	<input type="checkbox"/> Approve Temporary Occup. W/ Conditions*: From: / / To: / /	
*Conditions:			
Justification for Determination:			
			Value of Bond Req'd: \$
Signature of Building Official:			Date:
<input type="checkbox"/> Petitioner Notified of Determination By:			Date: