



## Temporary Certificate of Occupancy Application

**PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY**

Project Address:		Project No.:		Date:	
Applicant's Name:				Phone:	
Applicant's Address:			City, State, Zip:		
Unit/Suite Number(s) Requested (list each number):					
Reason for Temporary Occupancy (check box):					
<input type="checkbox"/>	Temporary Residential Occupancy	<input type="checkbox"/>	Open for Business		
<input type="checkbox"/>	Training	<input type="checkbox"/>	Stocking		
<input type="checkbox"/>	Other _____				
Items to be completed prior to final inspection approval:					
<p>This form, when approved, grants the issuance of a Temporary Certificate of Occupancy for 30 days, or as otherwise stipulated, and <b>MUST BE RENEWED PRIOR TO THE EXPIRATION DATE</b> to retain the temporary status.</p> <p>I, the undersigned, being the owner or owner's agent, agree to indemnify, defend and save free and harmless the City of Long Beach, its officers, agents, employees and representatives from and against any and all claims, demands, loss, actions or causes of action which may be asserted, prosecuted or established against them or any of them, or whatsoever kind of nature, arising out of or attributable to, or in any manner connected with the temporary occupancy. I further acknowledge that the issuance of a Temporary Certificate of Occupancy requires that completion of construction be done in a timely manner and that all utilities may be turned off for any hazardous conditions or for not completing the construction.</p> <p>I intend to complete all required work, obtain the required inspection approval, and request the issuance of a Certificate of Occupancy by: _____</p> <p style="text-align: center;">Date</p> <p>Applicant's Signature: _____</p>					
Mail to (if other than applicant noted above):					
Name:				Phone:	
Address:			City, State, Zip:		

DEPARTMENT USE BELOW THIS LINE				
Project Address:			Project No.:	
Valuation \$:			TCO Fee \$:	
AUTHORIZATION	RELEASE	REVIEWED BY	DATE	COMMENTS
<b>Building Counter</b>				
<input type="checkbox"/>	Holds	Y / N		
<input type="checkbox"/>	Fees	Y / N		
<input type="checkbox"/>	Deputy Insp / SO	Y / N		
<input type="checkbox"/>	Other	Y / N		
<b>Inspections</b>				
<input type="checkbox"/>	Building	Y / N		
<input type="checkbox"/>	Electrical	Y / N		
<input type="checkbox"/>	Mechanical	Y / N		
<input type="checkbox"/>	Plumbing	Y / N		
<input type="checkbox"/>	Health	Y / N		
<input type="checkbox"/>	Fire	Y / N		
<input type="checkbox"/>	Planning	Y / N		
<b>Central Files</b>				
<input type="checkbox"/>	System Entry	Y / N		<b>TCO EXP DATE:</b>

I certify that this building, or portions thereof as requested herein, complies with temporary occupancy for the use stated.

Approved: \_\_\_\_\_ / \_\_\_\_\_  
Superintendent of Building Date

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at [longbeach.gov/lbcd](http://longbeach.gov/lbcd) and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.