

## REQUEST FOR CERTIFICATE OF OCCUPANCY

Date:	
Name of Project:	
Address of Project:	
PERMIT NUMBER IF KNOWN:	
<u>Current Owner</u> of the building:	INSPECTOR'S USE ONLY
Name	Occupancy group:
Address	Automatic Fire Sprinkler:
City/State, zip	Building Code Edition:
Phone No	Construction type: Occupant load:
If a copy of the certificate is required for the <i>contractor</i> , please provide the following information:	
Name of Company	<del></del>
Address	
City/State, zip	<del></del>

Please turn in at the Building and Safety Department counter <u>OR</u> email this form to BuildingandSafety@CityofRC.us

\*\*\*\*\*\*PLEASE ALLOW TWO (2) WORKING DAYS FOR PROCESSING. UNLESS OTHERWISE REQUESTED, A COPY OF THE CERTIFICATE WILL BE MAILED TO THE CURRENT OWNER OF THE BUILDING AND THE ORIGINAL WILL BE SENT TO THE TENANT (IF APPLICABLE) FOR DISPLAY.

Questions regarding the certificate of occupancy can be directed to: (909) 477-2710