



Growth Management Department

205 North Madison Ave.

Lake City, Florida 32055

Tel: 386.719.5750

Request for Certificate of Occupancy or Completion

(Master and Sub Permits must be scheduled for final inspections before submitting this request; otherwise we will not accept your application)

Date:	Permit Number (s):
Job Address:	Parcel Number:
Unit/Suite #:	Occupancy/Use:
Total square feet for this CO request:	Number of Units for this CO request:
Applicant/Contractor Name:	Owner/Business Name:
Applicant/Contractor Mailing address:	Owner/Business Mailing address:
Telephone Number:	Telephone Number:
E-Mail Address:	E-Mail Address:
Contact Name:	Contact Telephone Number:
Contact E-Mail Address:	
Office Use Only	
Description:	Approved by: _____ David C. Young, CBO, Growth Management Director
Pending Inspection(s): B F Z PW U PD	Occupancy Group: _____ Fire Sprinkler System Required: YES <input type="checkbox"/> NO <input type="checkbox"/> Fire Sprinkler System Installed: YES <input type="checkbox"/> NO <input type="checkbox"/>
Pending/Open Permit(s):	Flood Zone: <input type="checkbox"/> YES <input type="checkbox"/> NO Zone: _____
C/O Issuance Date:	CE Violations: Yes <input type="checkbox"/> No <input type="checkbox"/>
TCO Issue Date: EXPIRATION DATE: _____ - _____	
Construction Type: Year Code:	Maximum Allowable Occupant Load:
Notification to customer (date):	Business Tax Receipt Required <input type="checkbox"/> YES <input type="checkbox"/> NO
Conditions:	Business Tax Receipt Number:

