

**BUILDING INSPECTION DEPARTMENT**  
**Temporary**  
**Certificate of Occupancy**

Please request the following inspections, in order to comply with life safety regulations, prior to requesting a **Temporary Certificate of Occupancy.**

Building Final	Date: _____	Inspector: _____
Electrical Final	Date: _____	Inspector: _____
Plumbing Final	Date: _____	Inspector: _____
Mechanical/Gas Final	Date: _____	Inspector: _____
Fire Safety Final	Date: _____	Inspector: _____
Fire Alarm Final	Date: _____	Inspector: _____
Sprinkler Final	Date: _____	Inspector: _____
Landscape Final	Date: _____	Inspector: _____
Public Works Final	Date: _____	Inspector: _____

Please list on your personal stationary, the item(s) that will not be complete at this time and the expected completion date.

This certificate is issued pursuant to the requirements of Section 111.3 of the Florida Building Code®. Certifying that at the time of issuance this structure or part thereof was in compliance with the various Ordinances of the City of Gainesville pertaining to building construction and use.

**Building Address:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Use Classification:** \_\_\_\_\_ **Construction Type:** \_\_\_\_\_

**CONTRACTOR INFORMATION**

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**OWNER INFORMATION**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Signature of Owner**

_____ <b>Building Official</b>	_____ <b>Date Applied</b>	_____ <b>Expiration Date</b>
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