

# TEMPORARY CERTIFICATE OF OCCUPANCY APPLICATION



415 W 6th St \* Vancouver, WA 98660 \* www.cityofvancouver.us \* (360) 487-7800

Building Permit #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Building permit type:  COM (TI)  COM (Ti Minor)  COM (new)  MFR  SFR

Contractor: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please note: **There is a minimum processing time of 5 business days.**

Target date for remaining work to be completed: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A Certificate of Occupancy will not be granted until all of the outstanding conditions have been satisfied. If the conditions are not met prior to the expiration date noted on the temporary certificate of occupancy than you must apply for an extension.**

**I agree to complete all outstanding conditions and obtain a permanent Certificate of Occupancy as required by law and am aware that failure to do so is subject to enforcement action.**

Signature Of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_