

# 1 & 2 Family Dwelling Certificate of Occupancy Request



|                                    |                               |                |
|------------------------------------|-------------------------------|----------------|
| Permit Number:                     | 911 Address:                  | Date of Issue: |
| Builder:                           | Subdivision:                  | Lot No.:       |
| Gross Area of Lot/Property/Parcel: | Gross Floor Area of Building: |                |

Name of Property Owner: \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

Name of Applicant Requesting Certificate of Occupancy: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

\*I certify that neither I, nor anyone who acts as my representative or agent, shall authorize or allow any person or persons to occupy the building identified in this application for any reason without approval of the St. Robert Building Department by issuance of a certificate of occupancy. I understand that any unauthorized occupancies are unlawful.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

The below signature indicates required infrastructure improvements are complete in accordance with the approved plans.

Director of Public Works: \_\_\_\_\_ Date: \_\_\_\_\_

Date Final Inspection: \_\_\_\_\_ Time: \_\_\_\_\_

Date Inspection Approved: \_\_\_\_\_ (    ) Temporary

Date Inspection Approved: \_\_\_\_\_ (    ) Permanent

Condominium Only: Plat (    ) Approved Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_ Date: \_\_\_\_\_

(    ) Certificate of Occupancy Issued                      (    ) Summit Entries                      (    ) File Closed

Permit Clerk Signature: \_\_\_\_\_