

## **Certificate of Occupancy Application**

\*\*Office Use Only\*\*

Zoning Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Approval Date: \_\_\_\_\_

For Submittal	and Fee information emai	1: permits@	cityofcreedmoortx.gov	or by calling 51	2-243-6700
Property Informa	ation				
Project Address:		Legal Description:		Zoning:	
Land Use of Site/Lot: (single-family residential, duplez residential, commercial, etc.)		Description of the use of the building requesting a Cert. of Occupancy:			
<b>Required Docum</b>	ents				
☐ Copy of Fire M	Iarshall Inspection	Copy of a	ny finalized inspection	1S	
<b>Contact Informat</b>	tion				
Owner:			Applicant or Agent:		
Mailing Address:			Mailing Address:		
Phone:			Phone:		
Email:			Email:		
Acknowledgemen	its				
I underst building, plumbing	of the following statement and that I must pay for at I g, electrical, and fire inspec- and that any required elect	east a minir			
	r; that this work may not b				
•	and that any life/safety viol	ations must	be corrected prior to i	ssuance of a Cert	ificate of
Occupancy.	, ,		1		
I understa	and that failure to correct li	fe/safety vi	olations or to obtain zo	oning approval m	ay result in an
order to vacate the	premises or in a request to	o terminate	utility services.		
	nat this application is good				
	ved for compliance within			n expires, a new s	ubmittal will be
required and comp	liance with current code n	nay be requi	red.		
Applicant Signatu	re:			Date:	

inspections to verify that no life/safety hazards exist or to ensure that any existing life/safety hazards will be corrected through required permits and inspections.
must provide access to the building for the purposes of Building, Electrical, Fire, and any other required
All buildings in the City of Creedmoor are required to have a Certificate of Occupancy for its current use. You

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Application Reviewed by:	Reviewed on Date:			
Notes:				