

# Temporary Certificate of Occupancy

ECD FORM  
#108

## REQUEST FOR TEMPORARY CERTIFICATE OF OCCUPANCY

**FORM SUBMITTAL** -The Owner or Owner's Agent, must complete this form, secure signatures by all parties, and submit to the Building Inspector and Building Division of City of Daly City for review. **Please Note:** Temporary Certificate of Occupancy Requests take **5 business days** to process and review.

<b>Project Information</b>			
Building Permit No.:	Project Address:		
<b>Owner / Authorized Owner's Agent Information</b>			
Name <small>(print)</small> :	Email:	Telephone:	
<b>Contractor Information</b>			
Name <small>(print)</small> :	Email:	Telephone:	
<b>Name of Person Paying the Bond <i>if applicable by Building Official</i>:</b>			
Name <small>(print)</small> :	Email:	Telephone:	
<b>Building Information:</b>			
Type of Construction:	Occupancy:	Stories:	Square Footage(ft <sup>2</sup> ):
<b>Description of Area/Space for requested Temporary Occupancy:</b>			
Floor:	Room(s)/Suite:	Occupancy/Use:	Occ. Load:
Restricted for employee use only:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Open to Public:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:			
<b>Required Department Temporary Certificate of Occupancy Inspection:</b>			
Department	Approved	Approved with conditions <small>(include signed punchlist in your submittal)</small>	<b>Bldg Insp. Sign Off:</b>
Planning Division / 650.991.8033			
North County Fire Authority / 650.991.8138			
Department of Water and Wastewater / 650.991.8200			
Public works and Engineering Division / 650.991.8097			
Other (Health / PD):			
Building Department (all listed condition) / 650.991.8061			
<b>Required Documents with TCO Request</b>			
Copy of all Job Cards			
Copy of all Punchlists from each department <i>if applicable</i>			
<b>Acknowledgement of Applicant:</b>			
I understand that inspections related to a temporary certificate of occupancy are not related to the final inspections of the building I certify the following:			
1. All existing fire protection and life safety systems are complete and will be maintained			
2. All disabled access requirements that are serving the area of occupancy are complete and will be maintained			
3. All required parking is provided for the space(s) for occupancy			
4. All building systems required for occupancy are safe (I.E. gas, electric, elevators, etc.) are complete and will be maintained			
5. All public works improvements are completed and will be maintained			
Owner Name <small>(print)</small> :	Signature:	Date:	
Contractor Name <small>(print)</small> :	Signature:	Date:	

Temporary Certificate of Occupancy Request (\$250 minimum fee, subject to additional fees)

