



CUPERTINO

TEMPORARY CERTIFICATE OF OCCUPANCY FORM

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION
ALBERT SALVADOR, P.E., C.B.O., BUILDING OFFICIAL
10300 TORRE AVENUE • CUPERTINO, CA 95014-3255
(408) 777-3228 • FAX (408) 777-3333 • building@cupertino.org

APN:	BP #:	DATE:	PROJECT VALUATION \$
SITE ADDRESS:			
OWNER'S NAME:		PHONE #:	FAX #:
MAILING ADDRESS (if different from site address):			
CONTRACTOR/POINT OF CONTACT:		PHONE #:	FAX #:
REFUND/POINT OF CONTACT:		MAILING ADDRESS:	

TEMPORARY CERTIFICATE OF OCCUPANCY INFORMATION

BOND TYPE: <input type="checkbox"/> SURETY BOND <input type="checkbox"/> CHECK <input type="checkbox"/> CASH BOND	AMOUNT OF BOND: (1% VALUATION 5K min- 10K max) \$	CODE EDITION:
TCO EXPIRATION DATE (6 MONTHS MAX):		FEE: \$296.00/mo
TOTAL FEE: \$		[1TEMPOCC]

USE	TYPE OF CONSTR	FLOOR AREA	OCC LOAD	LEVEL	COMMENT

OTHER DEPARTMENT / AGENCY APPROVALS:

Planning Signature: Date:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH CONDITIONS*
Fire Signature: Date:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH CONDITIONS*
Public Works Signature: Date:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH CONDITIONS*
Other: Signature: Date:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH CONDITIONS*

***CONDITIONS OF COMPLETION - Attach a letter signed by the contractor and owner of the property stating the list of items required to be completed for each individual Department before final occupancy can be granted. Include approximate completion dates for each item.**

The undersigned covenant and agree as a condition to the approval of the above request for temporary occupancy to have the building or buildings complete and in compliance with all building codes, ordinances and regulations and ready for inspection prior to the expiration date specified. If this Temporary Certificate of Occupancy expires, the total amount of the bond may be forfeited and the non-compliance may result in an enforcement action.

Owner Signature: Date:	Contractor Signature: Date:
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This temporary certificate ensures that all fire protection and life safety systems have been completed, inspected, successfully tested and approved for the specific area of the building specified above to provide a reasonable degree of safety to the occupants from fire and similar emergencies.

Building Official:	Print:	Date:
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DEPARTMENT ACTION: After determination, copies to: 1) applicant, 2) permit file