



Temporary Certificate of Occupancy Application

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY

Project Address:		Project No.:		Date:	
Applicant's Name:				Phone:	
Applicant's Address:			City, State, Zip:		
Unit/Suite Number(s) Requested (list each number):					
Reason for Temporary Occupancy (check box):					
<input type="checkbox"/>	Temporary Residential Occupancy	<input type="checkbox"/>	Open for Business		
<input type="checkbox"/>	Training	<input type="checkbox"/>	Stocking		
<input type="checkbox"/>	Other _____				
Items to be completed prior to final inspection approval:					
<p>This form, when approved, grants the issuance of a Temporary Certificate of Occupancy for 30 days, or as otherwise stipulated, and MUST BE RENEWED PRIOR TO THE EXPIRATION DATE to retain the temporary status.</p> <p>I, the undersigned, being the owner or owner's agent, agree to indemnify, defend and save free and harmless the City of Long Beach, its officers, agents, employees and representatives from and against any and all claims, demands, loss, actions or causes of action which may be asserted, prosecuted or established against them or any of them, or whatsoever kind of nature, arising out of or attributable to, or in any manner connected with the temporary occupancy. I further acknowledge that the issuance of a Temporary Certificate of Occupancy requires that completion of construction be done in a timely manner and that all utilities may be turned off for any hazardous conditions or for not completing the construction.</p> <p>I intend to complete all required work, obtain the required inspection approval, and request the issuance of a Certificate of Occupancy by: _____</p> <p style="text-align: center;">Date</p> <p>Applicant's Signature: _____</p>					
Mail to (if other than applicant noted above):					
Name:				Phone:	
Address:			City, State, Zip:		

