TEMP CERTIFICATE OF OCCUPANCY

(Please print clearly)

Property/Business Owner Information	Applicant/Contractor Information	
Project Address	General Contractor (Company Name)	
Lot Block Subdivision	Applicant Name	
Property Owner Name	Applicant Email	
Property Owner Address	Applicant Phone	
City / State / Zip	Contact person (if different than above)	Cell phone:

Request Information

Length Of Time Requested :　　☐ 60 DAYS　　☐ 120 DAYS　　☐ 180 DAYS

Reason For Request: _____

Outstanding Items Required By:　　☐ Building Inspections　　☐ Public Works　　☐ Planning

My signature below attests I am responsible for fee due if TCO allowed to expire (request extension in advance)

Applicant Signature

Printed Name: _____　　　Signature: _____

Office Use Only

Permit No	Items Incomplete/Outstanding
	1) _____
Date	2) _____
Inspector Approval	3) _____
	4) _____
Building Official Approval	5) _____

Building Inspections
200 Broadway St　　　　　　970-328-9622 (office)
P.O. Box 609　　　　　　　970-328-9656 (fax)　　　www.townofeagle.org
Eagle,CO 81631