

## City of Oroville

## **COMMUNITY DEVELOPMENT DEPARTMENT**

1735 Montgomery Street Oroville, CA 95965-4897 (530) 538-2401 – FAX (530) 538-2426 www.cityoforoville.org

## APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Applica	nt:	<i>F</i>	Address:		
Owner:		A	Address:		
Project 1	name:				
Project a	address:				
Building permit number:			ate of requested occ	upancy:	
Date of project completion:					
Area (s) requested for occupancy:					
Reason for request:					
Identify work that is not complete:					
1. The City of Oroville provides for issuance of Temporary Certificate of Occupancy (TCO) to use a portion or portions of a structure prior to the completion of the entire structure if the Building Official finds that no substantial hazard will result, and the portion or portions comply with the provisions of the California Codes, Building standards, Laws and Local Ordinances. Prior to the issuance of a Temporary Certificate of Occupancy (TCO), a \$332.00 issuance fee + technology cost recovery fee of \$19.92 = \$351.92 must be paid (this includes one inspection) associated with determining building compliance for temporary occupancy.  2. The Building Division may suspend or revoke the Temporary Certificate of Occupancy (TCO) if it is determined that the building is in violation of any Oroville Code or Regulation.  3. Prior to the expiration of the Temporary Certificate of Occupancy (TCO), it is the responsibility of the Owner or Contractor to request required inspections for completion of permitted work. Acceptable final inspections are required by all applicable trades prior to issuance of a Certificate of Occupancy. If uncompleted work cannot be finished during the duration of the TCO, reapplication for a TCO is required.  4. The Temporary Certificate of Occupancy (TCO) shall not be valid until acceptable inspections are completed, other required departments approvals, applicable fees are paid, Certificate is signed by the Building Official, and the Certificate has been posted in the occupied area.  AS OWNER/CONTRACTOR, I FULLY UNDERSTAND AND AGREE TO CONFORM TO THE					
PROVISIONS OF THIS APPLICATION AND ANY CONDITIONS ASSOCIATED WITH TCO APPROVAL.					
(Print) _			Telephone No.		
(Sign)(Owner/Contractor)		(Titl	(Title) (Date)		
O F F I C	DEPARTMENT CLEARANCE   Servironmental Health   Servi				
Е	Approved By:	:	Date:	Valid until:	
U S E	Amount Paid:	Receipt No:		Processed By:	

Revised: July 31, 2023