OFFICIAL Temporary Certificate of Occupancy Request **FORM**

Business Name (if applicable):	Street Address
City, State and Postal Code	Phone Number

Building Permit #: BLD201

Attn:
Building & Safety Division
City of Santa Barbara
630 Garden St.
Santa Barbara, CA 93101

We request that Temporary Occupancy be granted at the above business location to be effect on _____ (Effective Date) and expiring at 12:00 noon on _____ (Ending Date).

The reason we need Temporary Occupancy is _____
_____.

We acknowledge that the following list of items is yet to be completed or corrected: **Pages may be attached**

Building Items	Electrical Items
1.	1.
2.	2
3.	3.
Plumbing/Mechanical Items	Other Items
1.	1.
2.	2.
3.	3.

Before the Temporary Certificate of Occupancy expires, we will schedule inspections for items in the above list so as to resolve these to the satisfaction of inspectors in both the Building & Safety Division and Fire Department. If we fail to comply by the expiration date, we will cease all occupancy and vacate the premises until the building is in full compliance.

_____ _____
SIGNATURE – Business/Property Owner Date SIGNATURE – Construction Company Representative Date

Print Name:	Print Name:
Title:	Title:
Business Name:	Business Name:
Phone:	Phone:
Email:	Email:

Note: Approval of Temporary Occupancy does not infer or give any rights to permittee to omit required Title 24 code compliance or plan requirements. Corrections may follow at time of Final Inspection.