

CITY OF HAGERSTOWN
 Planning & Code Administration Department
 1 East Franklin Street
 Hagerstown, Maryland 21740
 (301) 790-4163



Type:	Request for Temporary Certificate of Occupancy
Process Date:	
Appl. #:	

REQUEST FOR TEMPORARY CERTIFICATE OF OCCUPANCY

FILL IN ALL APPROPRIATE SECTIONS – PLEASE PRINT – MUST BE LEGIBLE
 (Allow a minimum of five (5) business days for the processing of this request)

SECTION I – GENERAL INFORMATION

Building Permit No. _____	Requested time period for temporary certificate of occupancy: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
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SECTION II – PROPERTY INFORMATION

Address of Jobsite:	Property Owner(s) Name(s):
Lot No. _____ Suite No. _____	Property Owner(s) Address: _____ _____
Subdivision Name: _____	Phone No. _____ Cell No. _____

SECTION III – CONTACT INFORMATION

Primary Contact	Contractor
Name	Company Name MDHBR #:
Current Mailing Address: _____ _____	Current Mailing Address: _____ _____
Phone No. _____ Cell No. _____	Phone No. _____ Cell No. _____
Email (required)	Email

SECTION IV – PROJECT DETAILS

Description of project area requested to be occupied under this Temporary Certificate of Occupancy:

Final Inspection Status

Type of Inspection	Approved	Approved w/ conditions	N/A
Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site/ Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning/ Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conditions for Final Inspection Approval

BUILDING	
ELECTRICAL	
PLUMBING	
GAS	
MECHANICAL	
FIRE PROTECTION	
SITE/ UTILITY	
PLANNING/ZONING	
HEALTH DEPARTMENT	

IMPORTANT – PLEASE READ CAREFULLY

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent of either. In issuing this Temporary Certificate of Use/Occupancy, the owner, agent, and/or tenant do hereby consent to re-inspection by the City of Hagerstown. By agreeing to this Temporary Occupancy, approval of the owner, agent and/or tenant agrees to complete all outstanding issues identified on the City's inspection report issued for this property within the time frame of the Temporary Certificate of Use and Occupancy. Failure to complete all outstanding issues will result in the revocation of this approval, requirement to vacate the premises and may result in the issuance of Civil Citation/s issued on a daily basis.

Signature

Please print name

Date Signed

Association with project

For Department Use Only:

Approved: 30 days 60 days 90 days

Not approved

Comments:

Code Official

Date

Note: Void unless signed by the Code Official