## TEMPORARY CERTIFICATE OF OCCUPANCY FORM

**COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION**

ALBERT SALVADOR, P.E., C.B.O., BUILDING OFFICIAL

10300 TORRE AVENUE • CUPERTINO, CA 95014-3255

(408) 777-3228 • building@cupertino.org

### APN

<table>
<thead>
<tr>
<th>BP #:</th>
<th>DATE:</th>
<th>PROJECT VALUATION: $</th>
</tr>
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### SITE ADDRESS:

OWNER’S NAME:  
PHONE #:  
FAX #:  
MAILING ADDRESS (if different from site address):  
CONTRACTOR:  
PHONE #:  
FAX #:  
CONTACT:  
PHONE #:  
FAX #:  

### TEMPORARY CERTIFICATE OF OCCUPANCY INFORMATION

<table>
<thead>
<tr>
<th>BOND TYPE:</th>
<th>AMOUNT (1% VALUATION OF BOND: 5K min-10K max) $</th>
<th>CODE EDITION:</th>
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<tbody>
<tr>
<td>☐ CHECK</td>
<td>☐ CASH BOND</td>
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EXPIRATION DATE OF TCO (6 MONTHS):  
FEE: $357.00  
FEE ACCEPTED BY:  
Signature:.................................  
Date: .........................

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<tr>
<th>USE</th>
<th>TYPE OF CONSTR</th>
<th>FLOOR AREA</th>
<th>OCC LOAD</th>
<th>LEVEL</th>
<th>COMMENT</th>
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### DEPARTMENT / AGENCY APPROVALS:

☐ Req’d Planning Signature:…………………………………… Date: ..........  
☐ Req’d Fire Signature:…………………………………… Date: ..........  
☐ Req’d Public Works Signature:………………………… Date: ..........  
☐ Req’d Other Signature:…………………………………… Date: ..........  
☒ Req’d Building Signature:…………………………………… Date: ..........  
☐ APPROVED  ☐ APPROVED WITH CONDITIONS*  
☐ APPROVED  ☐ APPROVED WITH CONDITIONS*  
☐ APPROVED  ☐ APPROVED WITH CONDITIONS*  
☐ APPROVED  ☐ APPROVED WITH CONDITIONS*  
☐ APPROVED  ☐ APPROVED WITH CONDITIONS*  

*CONDITIONS OF COMPLETION - Attach a letter signed by the contractor and owner of the property stating the list of items required to be completed for each individual Department before final occupancy can be granted. Include approximate completion dates for each item.

The undersigned covenant and agree as a condition to the approval of the above request for temporary occupancy to have the building or buildings complete and in compliance with all building codes, ordinances and regulations and ready for inspection prior to the expiration date specified. If this Temporary Certificate of Occupancy expires, the total amount of the bond may be forfeited and the non-compliance may result in an enforcement action.

Owner  
Signature:…………………………………… Date: ..........  
Contractor  
Signature:…………………………………… Date: ..........  

This temporary certificate ensures that all fire protection and life safety systems have been completed, inspected, successfully tested and approved for the specific area of the building specified above to provide a reasonable degree of safety to the occupants from fire and similar emergencies.

Building Official (or designee): ………………………………………………………………………………… Date: .................

[TempOccForm_2018.doc revised 7/01/18]