



**Temporary Certificate of Occupancy
Application**

Development Services | Permitting & Inspections

www.fayettevillenc.gov

433 Hay Street Fayetteville, NC 28301

Phone (910) 433-1707 Fax (910) 433-1588

Notes: Please fill out application COMPLETELY – Failure to do so will not be processed – Thank you

1. Project Location:

Project Address	Project Name	Building Permit Number
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2. Contractor Information:

Company Name:		Telephone #:	
Address:		E-mail:	
City/State/Zip:			
NC State License Number:	Classification:	Limitation:	
Company Affiliation: <input type="checkbox"/> Owner – Name:		<input type="checkbox"/> Employee – Name:	

3. Owner Information:

Name:		
Mailing Address:		
City:	State:	Zip:
Email Address:		Phone #:
<input type="checkbox"/> Property Owner	<input type="checkbox"/> Owner's Designee	<input type="checkbox"/> Other

4. Requirements: A separate life-safety plan will have to be submitted with this application. This plan will include paths of egress, approved sprinkler plans (if applicable), barriers from construction areas, location of elevators, sidewalks, and accessible routes. No life safety issues can be present. The City of Fayetteville reserves the right to revoke status for any reason. Maximum allowable time for Temporary Certificate of Occupancy shall be 180 days from issue date.

5. Indemnification: To the extent permitted by law, the undersigned agrees to indemnify and hold harmless the City of Fayetteville and its elected officials, employees, agents, successors, and assigns, from any and all liability and claims for any injury or damage caused by any act, omission, or negligence of the undersigned, its agents, servants, employees, contractors, licensees, or invitees. Indemnification of the City by the undersigned does not constitute a waiver of the City's governmental immunity in any respects under North Carolina law. SIGN _____

Applicant's Signature & Authorization:

I hereby certify that I have read and understand the above terms and requirements of this application and that all the information is correct and all work will comply with the North Carolina State Building Codes and all other applicable state and local laws, ordinances, and regulations. Development Services will be notified of any changes in the approved plans and specification for the projected permitted herein.

_____ Signature of Owner/Agent	_____ Printed Name	_____ Date
_____ Signature of Contractor/Agent	_____ Printed Name	_____ Date

6. Office Use: Inspectors' Approvals and Signatures

Plumbing:	Electrical:	Mechanical:	Fire:	Building:
Date:	Date:	Date:	Date:	Date:

Date Issued:	Expiration Date:
Application Fee Costs Paid:	Date: