



DEPARTMENT OF CODE ENFORCEMENT
CODE VIOLATION AND COMMUNITY NEED REPORT
Officer James R.C. Timmons

Commercial Certificate of Occupancy Request Form

Date: ___ / ___ / ___

Type of Certificate Requested:

Permanent CO: _____ Temporary CO: _____ Certificate of Completion: _____

Building Permit Number: _____

Project

Name: _____

Site Address: _____, Pelham, Georgia 31779

Building Number: _____ Suite Number: _____

Building Owner:

(Note: Building Owner shall be as shown on the Permit Application unless documentation of change of ownership is provided.)

Building Owners Address: _____

City: _____ State: _____ Zip: _____

Contractor

Contact: _____ Phone: _____

Fax: _____ Email: _____

INTERIOR FINISH/REMODEL ONLY? _____

Construction Data:

Construction Type _____

Occupancy Type _____

Occupancy Load _____

Sprinkler: _____ Sq. Ft _____

Contractor/Project Manager: _____ Date Submitted: _____