



**BUILDING AND SAFETY DIVISION**  
**1685 MAIN STREET**  
**SANTA MONICA, CA 90401**  
**310-458-8355**

CO#
Date / /
Fee Amt: \$
Method CA CC CK #

**APPLICATION FOR TEMPORARY  
 CERTIFICATE OF OCCUPANCY**

**Application Fee Required: <http://finance.smgov.net/fees-taxes/fees-rates>**

**IN ADDITION TO REQUIRED INSPECTION AND ISSUANCE FEES,  
 A SECURITY TO GUARANTEE COMPLETION MAY BE REQUIRED.**

**MUST BE FILLED OUT COMPLETELY. \*NOTATED ITEMS ARE REQUIRED**

*Associated Permit Number:		*Requested Dates of Temporary Occupancy Status: From: / / To: / /	
*Job Address:		Zip Code	Unit Number
			Floor Number
*Property Owner's Name:		Phone No.	Fax No.
Street Address		City	State
			Zip Code
Legal Name of Permit Holder		Phone No.	Fax No.
Street Address		City	State
			Zip Code
Proposed Building Use(s) at Time of Final Occupancy: (Indicate all that apply.)			
<input type="checkbox"/>	Office	<input type="checkbox"/>	Retail
<input type="checkbox"/>		<input type="checkbox"/>	Apartment
<input type="checkbox"/>		<input type="checkbox"/>	Single Family Res.
<input type="checkbox"/>		<input type="checkbox"/>	Other-Specify
Proposed Temporary Building Use(s): (Indicate all that apply.)			
<input type="checkbox"/>	Office	<input type="checkbox"/>	Retail
<input type="checkbox"/>		<input type="checkbox"/>	Apartment
<input type="checkbox"/>		<input type="checkbox"/>	Single Family Res.
<input type="checkbox"/>		<input type="checkbox"/>	Other-Specify
*Construction Type:		<input type="checkbox"/>	I-A
		<input type="checkbox"/>	I-B
		<input type="checkbox"/>	II-A
		<input type="checkbox"/>	II-B
		<input type="checkbox"/>	III-A
		<input type="checkbox"/>	III-B
		<input type="checkbox"/>	V-A
		<input type="checkbox"/>	V-B
		<input type="checkbox"/>	Other -Specify
*Sprinkler Type:		Bldg. Code Occupancy Grp.:	
<input type="checkbox"/>	Non-Sprink	<input type="checkbox"/>	Fully
<input type="checkbox"/>		<input type="checkbox"/>	Partially
Assembly Occupant Load:		Number of Units.	Total Square Footage
			Building Height:
			Number of Stories.
*Parking Spaces Provided:		*Standard Parking Spaces Provided:	
		*Compact Parking Spaces Provided:	
# Van Accessible Spaces Provided:		# Non-Van Accessible Spaces Provided:	
		# Freight Loading Stalls Provided:	

**PLEASE PROVIDE PLANS INDICATING AREA(S) AND ASSOCIATED TEMPORARY USE(S)**

\*Detailed Description of Building Area(s) to be Temporarily Occupied. (Attach additional information as required.):

---



---



---



---

\*Description of Circumstances Which Justify Issuance of Temporary Occupancy Permit. (Attach additional information as required.):

---



---



---



---

		Value of Incomplete Work \$	
Applicant's Name (please print):		Phone No.	Fax No.
Applicant's Street Address:		City	State
			Zip Code
Applicant's Signature:		Date:	

**STAFF USE ONLY**

Action:		
Inspection By:	Inspection Date: / /	
Inspection Comments:		
Signature of Building Inspector:	Date:	
<b>Department Approvals</b>		
Fire Department		
Comments/Conditions:		
<input type="checkbox"/> Deny Request for Temporary Occupancy	<input type="checkbox"/> Approve for Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occup. W/ Conditions*:
Signature of Fire Inspector:	Date:	
Health Department		
Comments/Conditions:		
<input type="checkbox"/> Deny Request for Temporary Occupancy	<input type="checkbox"/> Approve for Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occup. W/ Conditions*:
Signature of Health Inspector:	Date:	
<b>Determination of Building Official</b>		
<input type="checkbox"/> Deny Request for Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occupancy	<input type="checkbox"/> Approve Temporary Occup. W/ Conditions*:
	From: / / To: / /	From: / / To: / /
*Conditions:		
Justification for Determination:		
		Value of Bond Req'd: \$
Signature of Building Official:	Date:	
<input type="checkbox"/> Petitioner Notified of Determination By:	Date:	