



TEMPORARY OCCUPANCY APPLICATION

City of Larkspur Building Department
400 Magnolia Ave.
Larkspur, CA 94939
(415) 927-5038

OFFICE USE ONLY	
PERMIT NO.:	_____
EXPIRATION:	_____

Instructions: Complete this form and take to each department for signature then submit to the Building Department. If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the building is complete a temporary occupancy certificate may be issued for the temporary use.

PROPERTY

Site Address: _____ APN: _____

Commercial: Tenant name, and Suite Number: _____

Job Value (*includes design, material, and labor): _____

Code Edition: _____ Occupancy: _____ TCO Area: _____ Floor Area: _____ Occ Load: _____ Use: _____

Describe the activities that will happen during temporary occupancy:

PROPERTY OWNER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

CONTRACTOR: _____

LICENSE #: _____ CLASS _____ EXP: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

Department Approvals: Please review this request. If your department has a concern which represents a substantial hazard to perspective tenants or general public please note in comments.

Department	Signature	Date	Comments
Planning			
Public Works			
Fire			
MMWD			
RVSD			
County Health			

The undersigned agree to have the building complete in compliance with all Building and Fire Codes, and project Conditions of Approval by the date of the Temporary Occupancy Certificate expiration specified at the top right of this form. If Temporary Occupancy Certificate expires the occupancy approval shall be revoked, and the permit is subject to expiration.

PROPERTY OWNER SIGNATURE _____ PRINT NAME _____ DATE _____

CONTRACTOR SIGNATURE _____ PRINT NAME _____ DATE _____

BUILDING INSPECTOR SIGNATURE _____ PRINT NAME _____ DATE _____

CHIEF BUILDING OFFICIAL SIGNATURE _____ PRINT NAME _____ DATE _____