



City of Leesburg
204 N. 5th Street
Leesburg, Florida 34748

APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY (TCO)

Permit Number: _____
Project Name: _____
Project Address: _____

City: _____ Zip: _____

AREA(S) REQUESTED AND REASON FOR TEMPORARY CERTIFICATE OF OCCUPANCY:

Proper Construction Barrier must be in place. For Stocking/Training Only.

Comments: _____

1. Issuance of a Temporary Certificate of Occupancy (TCO) to use a portion or portions of a structure prior to the completion of the entire structure if the Building Official finds that no substantial hazard will result, and the portion(s) comply with the provision of the technical codes and other applicable statutes and standards. If issued the TCO is subject to the conditions as deemed appropriate by the City of Leesburg. A processing fee of \$82.50 must accompany this request and any re-inspection fees and/or impact fees must be paid prior to the submittal of the TCO request.

2. City of Leesburg Building Department may suspend or revoke the TCO if it is determined that the building is in violation of any City(s) or Regulation(s). TCO will be issued for a period of 30 days only. If after the 30-day TCO period, the project has not passed final inspections, a new request must be submitted, requesting a TCO extension and the reason for the extension. The TCO extension processing fee is \$82.50, plus any additional re-inspection fees. All TCO approvals must be re-approved again by all other applicable departments.

CONTRACTOR'S AFFIDAVIT: This is to certify that I am aware of my responsibility to obtain all Final Inspections and to obtain the required permanent Certificate of Occupancy or an extension of the TCO as described above. Sanctions against my license may be imposed for failure to obtain all necessary finals and the Permanent Certificate.

COMPANY NAME: _____ CONTRACTOR LICENSE NO: _____

CONTRACTOR NAME: _____
Date: ____/____/____

(Contractor Signature)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__
by _____ who is personally known to me or who produced
_____ (type of identification) as identification.

Notary Public (Signature)

(SEAL)