

**APPLICANT INFORMATION (Please Print)**

Applicant's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is other than the general contractor or owner, please provide their information:

Owner's or General Contractor's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

**TEMPORARY BUILDING INFORMATION**

Address of Placement: \_\_\_\_\_ Project No.: \_\_\_\_\_

Reason a temporary building is necessary: \_\_\_\_\_

Occupancy Type (Type of Business): \_\_\_\_\_

Description of how the utilities will be established.

*Water:* \_\_\_\_\_*Sanitary:* \_\_\_\_\_*Electrical:* \_\_\_\_\_*Other Information/Remarks:* \_\_\_\_\_**APPLICANT STATEMENT**I understand that (*initial below*):\_\_\_\_\_  
Required plans shall be submitted to the Commercial Plan Review Section for review via [ProjectDox](#). The temporary building may not be placed at the site until the plans are approved AND not occupied until all inspections have been finalized.\_\_\_\_\_  
THE C/O WILL EXPIRE 180 DAYS FROM DATE OF ISSUANCE. CITATIONS MAY BE ISSUED IF THE BUILDING IS NOT REMOVED AFTER C/O EXPIRATION.**I certify with my signature that I have read and understand the statements listed above.**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date