

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 STATEMENTI 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