

CONDITIONAL CERTIFICATE OF OCCUPANCY



Development Services
 435 Ryman Street / Missoula, MT 59802
 Office: (406) 552-6635 / Fax: (406) 552-6053

PERMIT #: _____
 APPLICATION DATE: _____

INSTRUCTIONS

- The Agencies, Departments or Divisions marked in Section III must sign off prior to issuance of a Temporary or Permanent Certificate of Occupancy.
- It is a misdemeanor punishable by fines, imprisonment or both to occupy a building without a Certificate of Occupancy.
- Application for a Conditional Certificate of Occupancy cannot be made until the Building Inspectors have performed and approved (or partially approved) the final inspection.

SECTION I: GENERAL INFORMATION

LOCATION:

PROJECT ADDRESS: _____

BLDG #: _____ SUITE #: _____ UNIT #: _____ APT #: _____

FINAL INSPECTION DATE: _____ INSPECTOR: _____

BUILDING OR STRUCTURE USE: (CHECK ONLY ONE, BELOW):

RESIDENTIAL

SINGLE FAMILY DUPLEX TOWNHOUSE MULTI-FAMILY ____ UNITS

COMMERCIAL / NON-RESIDENTIAL

SPECIFY USE: _____

BUSINESS NAME (IF APPLICABLE): _____

SECTION II: PEOPLE INFORMATION

PROPERTY OWNER

NAME		PHONE # ()
STREET ADDRESS		
CITY	STATE	ZIP CODE
EMAIL		

CONTRACTOR — SAME AS OWNER

BUSINESS NAME		PHONE # ()
STREET ADDRESS		
CITY	STATE	ZIP CODE
EMAIL		

AUTHORIZED AGENT (IF DIFFERENT THAN ABOVE)

NAME		PHONE # ()
EMAIL		

CONDITIONS

- I agree to abide by the conditions and timelines established above if applicable. I further agree that failure to abide by these conditions and/or timelines may result in revocation of the Certificate of Occupancy.
- If conditions are made by other Agencies, it is the applicant's responsibility to contact that Agency for re-inspection and approval of all conditions noted.

SECTION III: REVIEW

ENGINEERING (406) 552-6635

UNCONDITIONAL APPROVAL CONDITIONAL APPROVAL

COMMENTS: _____

THE ABOVE CONDITIONS MUST BE MET & INSPECTED BY: _____

APPROVED BY: _____ DATE: _____

SANITARY SEWER (406) 552-6635

UNCONDITIONAL APPROVAL CONDITIONAL APPROVAL

COMMENTS: _____

THE ABOVE CONDITIONS MUST BE MET & INSPECTED BY: _____

APPROVED BY: _____ DATE: _____

PLANNING (406) 552-6635

UNCONDITIONAL APPROVAL CONDITIONAL APPROVAL (ATTACH MEMO)

COMMENTS: _____

THE ABOVE CONDITIONS MUST BE MET & INSPECTED BY: _____

APPROVED BY: _____ DATE: _____

HEALTH DEPARTMENT (406) 258-4770

UNCONDITIONAL APPROVAL CONDITIONAL APPROVAL

COMMENTS: _____

THE ABOVE CONDITIONS MUST BE MET & INSPECTED BY: _____

APPROVED BY: _____ DATE: _____

FIRE DEPARTMENT (406) 552-6210

UNCONDITIONAL APPROVAL CONDITIONAL APPROVAL

COMMENTS: _____

THE ABOVE CONDITIONS MUST BE MET & INSPECTED BY: _____

APPROVED BY: _____ DATE: _____

SECTION IV: DEVELOPMENT SERVICES USE ONLY

COMMENTS: _____

CONDITIONAL CERTIFICATE OF OCCUPANCY EXPIRES: _____

CONDITIONAL CERTIFICATE OF OCCUPANCY APPROVED BY: _____

DATE: _____



SIGNATURE OF APPLICANT

DATE