



# CONDITIONAL CERTIFICATE OF OCCUPANCY

## Development Services

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

Email: Permits@ci.missoula.mt.us

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