



# YOLO COUNTY BUILDING INSPECTION DIVISION

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FORM #

GH - 003

## APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY

Building permit number: \_\_\_\_\_ Date of requested occupancy: \_\_\_\_\_

Owner/ Contractor / Representative Name: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Area (s) requested for occupancy: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Identify work that is not complete: \_\_\_\_\_

1. County of Yolo provides for issuance of 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 or portions comply with the provisions of the California Codes, Building standards, Laws and Local Ordinances. **A Temporary Certificate of Occupancy (TCO) fee must be paid when you submit this form. This fee is associated with determining building compliance for temporary occupancy and it includes one inspection.**
2. Building Division may suspend or revoke the Temporary Certificate of Occupancy (TCO) if it is determined that the building is in violation of any Yolo County Code or Regulation.
3. Prior to the expiration of the Temporary Certificate of Occupancy (TCO), it is the responsibility of the Owner or Contractor to request required inspections for completion of permitted work. Acceptable final inspections are required by all applicable trades prior to issuance of a Certificate of Occupancy. **If uncompleted work cannot be finished during the duration of the TCO, re-application for a TCO is required.**
4. The TCO shall not be valid until acceptable inspections are completed, other required departments approvals, applicable fees are paid, Certificate is signed by the Building Official, and the Certificate has been posted in the occupied area.

I, owner/ contractor, fully understand and agree to conform to the provisions of this application and any conditions associated with this Temporary Certificate of Occupancy approval:

\_\_\_\_\_

Print
Sign
Date

<b>OFFICE USE ONLY – DIVISION DEPARTMENT CLEARANCE MUST SIGN</b>			
Divisions/ Departments Required	Staff Name	Date	Conditions (if any, specify below and attach)
Planning Division			
Public Works Division			
Building Inspection Division			
Environmental Health Division			
Fire District / Department			
Yolo Solano Air Quality Management			
Division of Integrated Waste Management			
Other:			
Other:			
Building Official: _____		Date: _____	Valid Until: _____