



TEMPORARY CERTIFICATE OF OCCUPANCY REQUEST FORM

1. Permit Information

Property Owner Name:	
Job Location Street Address:	City, State, ZIP:
Requester Name:	Company Name:
Requester Email:	Requester Phone:
Building Permit Number:	

2. Request & Affidavit

I, the undersigned, hereby request a temporary certificate of occupancy (C/O) in accordance with the SMBA Temporary Certificate of Occupancy Policy. I certify that I am authorized as the owner or owner's agent to make such a request. I understand that I will be charged a bond fee, either by SMBA, the Township, or both, depending on the outstanding project requirements. I understand that such bond fees will only be refunded upon satisfactory completion of all stipulations by or before the expiration date of the temporary certificate of occupancy. I understand that SMBA is not obligated to issue a temporary C/O, and does so at their discretion. I understand that submitting this form does not constitute the issuance of a temporary C/O by SMBA. This application is subject to the review of the Building Official and other Township Officials as needed.

Requester Signature

Date

SMBA Office Use Only

Temp C/O Approved Not Approved by _____ (Initials).

SMBA Bond Required? Yes (Amount: _____) No

Township Bond Required? Yes (Amount: _____) No