



SANDY SPRINGS™
GEORGIA

Date: _____

Residential Certificate of Occupancy Request Form

*****PLEASE BE ADVISED*** CO AND CC REQUESTS SUBMITTED BEFORE 12PM WILL BE AVAILABLE FOR PICKUP 24 HOURS ON THE NEXT BUSINESS DAY**

Type of Certificate Requested: Certificate of Occupancy Certificate of Completion

Building Permit Number (Required): _____ Contact Email: _____

Subdivision Name: _____ Lot Number: _____

Site Address: _____ Zip Code: _____

Property Owner's Name: _____

(Note: Property Owner shall be as shown on the Permit Application unless documentation of Change of ownership is provided.)

Property Owners Address: _____

City: _____ State: _____ Zip Code: _____

Name of Contractor: _____ Phone: _____

Email: _____ Fax: _____

Interior Remodel Only? _____ In the Overlay District? _____ Does this residence have an Elevator? _____

Construction Data: TO BE COMPLETED BY APPLICANT AND MUST BE ACCURATE. INCOMPLETE DATA WILL NOT BE ACCEPTED.

Construction Type: _____ Occupancy Type: _____ Occupancy Load: _____ Sprinkler: _____ Sq. Ft. _____