



Commercial and Multi-family Residential Certificate of Occupancy Request Form

Date: ___ / ___ / ___

Type of Certificate Requested: Permanent CO: _____ Temporary CO: _____ Certificate of Completion: _____

Building Permit Number: _____ LDP Number: _____

Project Name: _____

Site Address: _____ Zip _____

Building Number: _____ Suite Number: _____

Building Owner: _____

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

Building Owners Address: _____

City: _____ State: _____ Zip: _____

Contractor Contact: _____ Phone: _____

Fax: _____ Email: _____

INTERIOR FINISH/REMODEL ONLY? _____ IN THE OVERLAY DISTRICT? _____

IS THIS SPACE LOCATED IN A High Rise? _____ (over 75' above lowest level of fire department access)

Construction Data:

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

TO BE COMPLETED BY SANDY SPRINGS STAFF ONLY

INSPECTIONS (A = APPROVED, D = DENIED, F = FINAL, R = ROUGH)	Affidavit/Permit
FIRE MARSHALL	
BUILDING	
PLUMBING	
ELECTRICAL	
MECHANICAL	
SITE INSPECTOR	
ZONING COMPLIANCE	
OTHER (arborist, elevator, boiler, health, agriculture, traffic, environmental etc)	

RE-INSPECTION FEES _____