



**Marion County
Board of County Commissioners**

Building Safety ♦ Permitting

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2400
Fax: 352-438-2401

**TEMPORARY-CONDITIONAL-PARTIAL
CERTIFICATE OF OCCUPANCY REQUEST**

Building permit no.: _____

Dear Building Safety director:

The undersigned requests a temporary-conditional-partial Certificate of Occupancy for a period not to exceed _____ days.

Requirements for the execution of this Certificate of Occupancy:

1. All fees paid.
2. All final inspections performed and passed, except for "final structural" location:

I understand that if the above request is granted, a temporary power release will be given for the period of time stated above. I also understand that if the time limit is exceeded, I may be subject to a Code Enforcement violation.

Specific reason(s) for temporary Certificate of Occupancy:

Name: _____

Date: _____

Print name of homeowner or contractor

Signature of homeowner or contractor

Approved? ___ Yes ___ No

By: _____ Date _____

PMT 13 – Rev 7/15

"Meeting Needs by Exceeding Expectations"