



FY26 OCCUPANCY SITE INSPECTION REQUEST

LND NUMBER: _____

One form per building inspection

PROJECT NAME*: _____

**Note: Use formal project name as shown on County-approved plan.*

Check all that apply (One must be selected):

- Final Occupancy
- Temporary Occupancy
- Extension (# of Days): _____
- Partial Occupancy

Site or Subdivision Plan Number: _____ SECTION / PHASE: _____

Site Address (es): _____

Building Permit Number(s): _____

Lot or Building Number(s): _____

THE FOLLOWING MUST BE PROVIDED TO SCHEDULE A SITE INSPECTION:

- Completed Impervious Area Certification Form if requestion Final Occupancy

COMPANY NAME: _____

CONTACT PERSON: _____

EMAIL: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

It is understood that the requested site inspection will be scheduled within three (3) working days and conducted within five (5) working days, weather permitting. It is further understood that a Certificate of Use and Occupancy will be issued only when either all outstanding items have been completed or the developer has provided assurance (cash escrow or irrevocable letter of credit) in an amount sufficient to complete the unfinished work as described on the site inspection report punch list items.

APPLICANT SIGNATURE: _____

SITE INSPECTOR SIGNATURE: _____

Staff Use Only

ILP # _____	Amount received (@ \$185.03/per bldg.): _____
Received By: _____	RCPT: _____
Received/Emailed Date: _____	Site Inspection Area _____