

TEMPORARY CERTIFICATE OF OCCUPANCY (TCO) APPLICATION

Crook County Community Development 300 NE 3RD ST, RM #12, Prineville OR 97754 Phone: (541) 447-3211 Fax: (541) 416-2139

Email bld@crookcountyor.gov

Received:

PROJECT INFOMRATION

Project Address:	City:	State: Zip:		
		er:		
Area/s to be occupied:	EST. Date of fi	EST. Date of final Inspection:		
Reason for request:				
	ACKNOWLEDGEMENTS			
	he permit, provided that such portion or po	ue a temporary certificate of occupancy before the portions shall be occupied safely. The building officia		
Applicant initial:				
The building official has the authorization	to revoke a certificate of occupancy. Per 20	022 OSSC 111.4 & 2021 ORSC R110.5.		
Applicant initial:				
By signing, I hereby acknowledge that the iacknowledgments.	information provided is true to the best of	my knowledge and I understand the above		
OWNER SIGNATURE:	IER SIGNATURE:OWNER PRINT:			
OWNER CONTACT NUMBER:		DATE:		
AGENT SIGNATURE:	SIGNATURE:AGENT PRINT:			
AGENT CONTACT NUMBER:		DATE:		
	OFFICE USE ONLY			
Sign Off's:				
Structural:	Mechanical:	Fee Paid:		
Electrical:	Suppression:			
Plumbing:	Alarm:	_		
Conditions set forth by Building Official: _				
Date TCO is valid till:				
	TCO Is Herby			
Approved		Denied		
Building Official Signature:		Date:		

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