



Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

Temporary Certificate of Occupancy Application

Samuel D. Palmer, Acting Director/Building & Fire Official • Girard Page, Fire Marshal

BUILDING PERMIT#: _____ DATE: _____

CONTRACTOR: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE#: _____

OWNER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE#: _____

PROJECT NAME: _____ PROJECT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE#: _____

DATE OF REQUESTED OCCUPANCY: _____ DATE OF PROJECT COMPLETION: _____

AREA (S) REQUESTED FOR OCCUPANCY: _____

REASON FOR REQUEST: _____

IDENTIFY WORK THAT IS NOT COMPLETE: _____

1. Clark County Code 22.02.550(E) provides for issuance of Temporary Certificate of Occupancy (TCO) to use a portion or portions of a structure prior to the completion of the entire structure if the Building Official finds that no substantial hazard will result, and the portion or portions comply with the provisions of the technical codes and other applicable status and standards. Prior to the issuance of a TCO, a \$125.00 issuance fee must be paid along with any inspection fees.
2. The Department of Building may suspend or revoke the TCO if it is determined that the building is in violation of any Clark County Code or Regulation.
3. **Prior to the expiration of the TCO, it is the responsibility of the Owner or Contractor to request required inspections for completion of permitted work. Acceptable final inspections are required by all applicable trades prior to issuance of a Certificate of Occupancy. If uncompleted work cannot be finished during the duration of the TCO, reapplication for a TCO is required.**
4. The TCO shall not be valid until acceptable inspections are completed, applicable fees are paid, Certificate is signed by the Building Official, and the Certificate has been posted in the occupied area.

AS CONTRACTOR, I FULLY UNDERSTAND AND AGREE TO CONFORM TO THE PROVISIONS OF THIS APPLICATION AND ANY CONDITIONS ASSOCIATED WITH TCO APPROVAL.

(Print): _____ Telephone#: _____

Email: _____ Fax#: _____

(Sign): _____ Contractor Title Date

(Initial): _____ **This application is valid for 30 calendar days.**

If the TCO is not issued within 30 days, this application will be discarded and the applicant will be required to re-apply.

RECORD STAUS AND SOURCE OF RELEASE

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WATER _____	FFEC _____
SEWER _____	LANSCAPE CERT. _____
SEPTIC _____	QAA _____
CIVIL ENGINEERING _____	DRAINAGE _____
CCFP _____	_____

Attach copy of last recorded inspection for each permit listed.

Amount Paid: _____ Receipt#: _____ Processed By: _____