



BUILDING CODES DIVISION
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 www.clackamas.us

FOR OFFICIAL USE ONLY
C of O PERMIT #
Project #
TCO #
DATE

CERTIFICATE OF OCCUPANCY APPLICATION

Please complete the following information

Project Address: _____

Project/Tenant Name: _____

APPLICANT		PERMIT NUMBERS
Business name:		
Contact name:		Main Building:
Address:		Mechanical:
City/State/ZIP:		Fire Alarm:
Phone: ()	Fax: ()	Fire Sprinklers:
E-mail:		Electrical:
PROPERTY OWNER		Limited Energy:
Name:		Plumbing Exterior:
Address:		Plumbing Interior:
City/State/ZIP:		Grading:
Phone: ()	Fax: ()	OTHER: (LIST TYPE & NUMBER)
CONTRACTOR		
Business name:		
CCB#		
Address:	City/State/ZIP:	
Phone: ()	Fax: ()	Fee: \$170