

**APPLICATION FOR  
TEMPORARY CERTIFICATE OF OCCUPANCY**



Portion(s) of the building cannot be occupied until this form has been completed and a certificate issued. The certificate cannot be issued until necessary inspections have been made and determined unfinished work would not prohibit the safe occupancy of the area(s) indicated.

**Please Print**

1. Job Address: \_\_\_\_\_ 2. Permit #: \_\_\_\_\_
3. Proposed Use of Building: \_\_\_\_\_
4. Owner's Name, Address (city/state/zip), Phone #: \_\_\_\_\_  
\_\_\_\_\_
5. Contractor's/Agent's Name Address (city/state/zip), Phone#: \_\_\_\_\_  
\_\_\_\_\_
6. Reason for Temporary Occupancy: \_\_\_\_\_  
\_\_\_\_\_
7. Describe in detail the portion of the building requested: \_\_\_\_\_  
\_\_\_\_\_

This form, when approved, grants the issuance of a Temporary Certificate of Occupancy as stipulated.

I, the undersigned being the owner, agree to indemnify, defend, and save free and harmless the City of Keene, its officers, agents, employees and representatives from and against any and all claims, demands, loss, actions or causes of action which may be asserted, prosecuted or established against them, or any of them, or whatsoever kind or nature, arising out of or attributable to, or in any manner connected with the temporary occupancy. I further acknowledge that the issuance of a Temporary Certificate of Occupancy requires that completion of construction be done in a timely manner and that all utilities may be turned off for any hazardous conditions or for not completing the construction permitted I intend to obtain my Certificate of Occupancy by (date): \_\_\_\_\_

Owner Signature: _____	Date: _____
Fire Department Approval: _____	Date: _____
Building Inspector Approval: _____	Date: _____
Planning Department Approval: _____	Date: _____

**THE TEMPORARY CERTIFICATE OF OCCUPANCY EXPIRES ON: \_\_\_\_\_**

**CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_