



**CITY OF LOS ALAMITOS**  
**CERTIFICATE OF OCCUPANCY \$51.00**  
**TEMPORARY CERTIFICATE OF OCCUPANCY \$51.00**  
Development Services Department  
3191 Katella Ave., Los Alamitos, CA 90720-5600  
Phone: (562) 431-3538 Fax: (562) 493-0678

<b>FOR OFFICE USE ONLY</b>
Received: _____
Filing Fee: \$51.00
<input type="checkbox"/> ENGINEER APPROVAL
<input type="checkbox"/> PLANNING APPROVAL
<input type="checkbox"/> BLDG & SFTY APPROVAL
<input type="checkbox"/> DENIED

**Job Address** \_\_\_\_\_  
**Building Permit No.** \_\_\_\_\_

Request is hereby made for the occupancy on subject project only for the time specified. I hereby acknowledge that as a condition for consideration and granting approval of a C of O or a TCO, that this TCO will become null & void upon the listed expiration date, and therefore, I acknowledge and understand that upon the voiding of the TCO, legal occupancy or use of said premises and/or portions thereof will no longer be permitted. Any extension of time to this TCO request will be granted subject to review and approval by the Building Official. There will be an additional fee of \$48.00 for any request to extend the time of this TCO. I understand that the fee is non-refundable if this application is denied.

**REASON FOR REQUEST**

- Full Occupancy
- Stocking/Training Only
- Sales/Leasing Office
- Portion of Building

**WHAT IS PREVENTING FINAL APPROVAL** \_\_\_\_\_  
\_\_\_\_\_

**HOW LONG WILL TCO BE NEEDED** \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name of Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_

The party signing above agrees to hold the City of Los Alamitos, its officers and employees free and harmless from any incidence or occurrence which may occur as a result of this release.