



**CITY OF SANTA CLARA**  
**BUILDING INSPECTION DIVISION**  
1500 Warburton Ave.  
Santa Clara, CA 95050  
www.santaclaraca.gov

Inspection Division: (408) 615-2440  
Permit Center: (408) 615-2420  
Automated Inspection System: (408) 615-2400  
Fax: (408) 241-3823  
Email: buildinginspection@santaclaraca.gov

**Requirements for Temporary Occupancy**  
**Please allow sufficient time for TCO application review.**

**APPLICATION REQUIREMENTS:**

1. Approval of Temporary Occupancy is subject to:
  - A. Final Affidavit from special testing agency (when required by the building permit).
  - B. Approvals from Fire Department (Provide FD TCO agreement or proof of final inspection.)
  - C. Approvals from Planning Division, Engineering Division and Health Department are required where applicable. (Provide proof of approvals if applicable).
  - D. Restrooms must be operational and in full compliance with ADA requirements.
  - E. The ventilation system must be operational, inspected and air balance completed.
  - F. The electrical system must be operational and safe.
  - G. Parking must be available and safe passage from parking must be provided.
  - H. The building must have life safety equipment operational; exiting system approved and handicapped provisions completed.
2. **Three (3) sets** (11x17) of floor plans, showing the footprint of the building(s), area under TCO agreement, addresses and permit number(s) issued for this area. Floor plan to include square footage with a breakdown of occupancy type. When the temporary occupancy inspection is performed, the inspector will initial the plan with his approval. The approved plan is to remain posted until the final inspection is approved.
3. A typed letter with the following information is required from the applicant:
  - A. Job address and open permit numbers that apply to this request. All permits must be listed regardless of the name of permit holder in charge
  - B. Reason for request (Details of the work left to complete.)
  - C. Time period needed is subject to approval of Building Official.
  - D. In the case of multi-tenant buildings, it must be understood that the building will remain on temporary occupancy until the entire building is complete and permit is finalized.
4. A typed letter from the property owner/tenant is required. The letter must contain items A, B, C and D of step 3 above.
5. Application and inspection fees required (\$300.00 minimum; additional \$80.00 each if plumbing, electrical or mechanical inspections are required).
6. The building will remain on Temporary Electric power until a permanent Certificate of Occupancy is issued.
7. The scope of work for any area under the TCO agreement cannot be changed. Any additional work will require a separate permit.
8. TCO extension requirements: A new application is required. Complete steps 2, 3 and 4 above (Complete step 2 only if areas of the TCO differ from the original application). Additional fees will be charged per step 5 above.

**Incomplete application may delay the approval process.**



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**APPLICATION FOR TEMPORARY CERTIFICATE OF OCCUPANCY**  
**--ALLOW SUFFICIENT TIME FOR PROCESSING--**

Permit Number(s): \_\_\_\_\_ JOB ADDRESS: \_\_\_\_\_

Request Temporary Occupancy until: \_\_\_\_\_

The undersigned hereby applies for Temporary Occupancy of the areas indicated on plans attached for the above address for a period as stated above and subject to the Building Official's approval (not to exceed 180 days), as authorized under Section 309.4 of the Uniform Administrative Code.

The undersigned further acknowledges that a written request and application to extend the Temporary Certificate Occupancy (TCO) must be submitted to the Building Inspection Division prior to the expiration date of the TCO. Buildings or structures shall not be used or occupied without a valid Certificate of Occupancy. (Section 309.1 of 1997 Uniform Administrative Code) **Violation may result in a \$500.00 citation and an order to vacate the building.**

Building to remain on temporary electric until a permanent Certificate of Occupancy is issued.

In addition to inspection by Inspection Division to verify safe access and use, Fire Department clearance is required prior to any occupancy.

**PLEASE PRINT ALL INFORMATION LEGIBLY AND SIGN WHERE INDICATED!**

\_\_\_\_\_  
**Applicant Name/Title**

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Company Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email address and/or FAX number

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Owner/Tenant Contact Name/Title**

\_\_\_\_\_  
 Owner/Tenant Name

\_\_\_\_\_  
 Owner/Tenant Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email address and/or FAX number

\_\_\_\_\_  
 Owner/Tenant Signature

\_\_\_\_\_  
 Date

*For Office Use Only*

Temporary Occupancy Fee		Validation	<b>FOR BUILDING INSPECTOR USE ONLY</b>	
Building (SpinB)				Temporary Occupancy Expiration Date:
Electric (SpinE)		Building Inspector Signature:		
Plumbing (SpinP)				
Mechanical (SpinM)		Date:		
TOTAL				



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## - APPLICATION FOR OVERTIME OR SPECIAL INSPECTION -

**\* PLEASE PRINT \***

TODAY'S DATE:	PERMIT NUMBER(S): BLD20
ADDRESS OF INSPECTION:	
APPLICANT:	PHONE #:
JOB SITE CONTACT NAME:	JOB SITE CONTACT PHONE #:

### TYPE OF INSPECTION

**Check one:**

OVERTIME INSPECTION                       SPECIAL INSPECTION

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEMPORARY OCCUPANCY  
 TEMPORARY POWER/SERVICE CHANGE  
 OTHER TYPE - (Please describe): \_\_\_\_\_  
\_\_\_\_\_

### PAID STAMP

<b>REQUESTED INSPECTION DATE/TIME</b>	
DATE: _____	
TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>Building</b>	
<b>Electrical</b>	
<b>Mechanical</b>	
<b>Plumbing</b>	
<b>TOTAL FEES</b>	

**Office use only:**  
Inspector Assigned: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Fees received by: \_\_\_\_\_  
Data entry/copies done by \_\_\_\_\_: Copy to inspector\_\_\_ Spreadsheet\_\_\_ Tidemark\_\_\_ Copy to payroll\_\_\_  
Inspection performed by: \_\_\_\_\_ Start time: \_\_\_\_\_ am / pm Finish time: \_\_\_\_\_ am / pm  
Payroll code: 150 350 155 355  
SPECIAL INSPECTION (SPIM)      OVERTIME INSPECTION (SPOT: 001-5532-5780-0000-00000-7452)